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ABSTRACT

The manual is intended to provide persons working with the families of young handicapped children a basic structure to 1) guide an intake interview, 2) assess the extent to which community support services are being used, 3) formulate action plans, and 4) monitor the accomplishment of treatment objectives. Introductory information includes self appraisal questions for the service provider and an overview of the assessment process. The major portion of the document consists of sample forms and explanatory information concerning the five steps of the assessment process: the family interview form, the parent questionnaire, the resource utilization checklist, the family needs inventory, and the individual family plan. A sample case history of a 5-year-old with behavior problems is used to demonstrate the assessment process and the use of the forms. Following the forms, there is a section which provides additional suggestions coded to components of the family needs inventory; a list of 118 books, pamphlets, audio-visual materials, kits and curricula listed alphabetically by topic; and a list of 33 organizations that work with people with various handicapping conditions. The final section contains blank copies of the forms and an evaluation report of the use of the program assessment process with 162 children in 138 families in Thomasville, Georgia. A videocassette of the Family Assessment Process has been produced to supplement the manual. (DB)

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FAMILY ASSESSMENT PROCESS MANUAL

The Child-Family-Community (C-F-C) Project was funded by a grant from the U.S. Department of Education, Handicapped Children's Early Education Program (HCEEP) from 1979-1982.

The Family Assessment Process was developed by the Child-Family-Community Project to be used by teachers, social workers, evaluators and paraprofessionals who work directly with families. The C-F-C Project served families on a home-bound basis, with children who were from birth to five years and who were developmentally delayed, high risk or at risk. The assessment process is adaptable for use with families with preschool, school age, handicapped and non-handicapped children. This manual was produced to assist those persons or programs interested in implementing all or part of the five-step Family Assessment Process.

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Grant Number G008002126

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CHILD
FAMILY
COMMUNITY PROJECT

Serving families of preschool children with special needs
(912) 226-9452

Brooks Colquitt Grady Pelham City Thomas Thomasville City

ACKNOWLEDGMENTS

The Family Assessment Process was developed by the staff of the Child-Family-Community Project during the three years of demonstration funding by the U.S. Office of Education, Handicapped Children's Early Education Program (HCEEP).

Dr. Scott Malbon, Program Evaluator for the C-F-C Project, has assisted the staff through the numerous revisions of the various aspects of the procedure. His advice and support have been very helpful.

We wish to extend a special thanks to our fiscal agent, the Thomasville City School System and its personnel, for their on-going support and assistance in the fulfillment of project goals.

Although we are unable to name each family and community agency separately, we wish to convey our appreciation for their cooperation and assistance throughout the duration of the project.

CHILD-FAMILY-COMMUNITY (C-F-C) PROJECT STAFF:

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Family Assessment Process Manual illustrated by Bridget McDaniel

1982

PREFACE

To most human service workers, the challenging task of identifying client needs, prioritizing them, and forming linkages with appropriate community services and agencies is indeed familiar. In our efforts to work with families, how often have we felt that we did not secure sufficient information about a client, or that we had not completed a sufficiently comprehensive analysis of the child and family situation, or that we had prematurely implemented a stragey resulting in a "cart-before-the-horse" intervention. In order to better address the challenges and difficulties of helping needy families more comprehensively, a manual has been developed that should be a valuable asset to almost any human service practitioner, regardless of level of experience or training.

This manual provides a basic structure with relevant supportive detail (both procedures and instruments) to guide an intake interview, to assess the extent to which community support services are already being used, to formulate action plans, and to monitor the accomplishing of treatment objectives. Being sensitive to the varieties of creative ways in which practitioners may interact with families, the procedures outlined are intended to be sufficiently flexible so as to provide a basic, but comprehensive, structure within which a case worker's individual creativity can flourish. Thus, the manual should not be viewed as a "recipe", "cookbook", or "how-to-do-it" guide for case management, but rather, a framework within which the art of helping can be actualized.

While it may take several practice trials with families before the procedures become second nature, we are certain that once you perfect the basic process, you will find the manual both helpful and effective. And while there is considerable flexibility within each stage for individual interpretation, from our experience, we recommend that the overall integrity of the sequence of intake, assessment, resource utilization, needs assessment, and action planning be maintained. The manual was developed and thoroughly researched by experienced human service professionals and consultants from both community and school settings. It is intended to be self-instructional and, with a modicum of effort, could be used successfully by social workers, mental health counselors, community agency case workers, guidance counselors, and supervised paraprofessionals. We believe this manual is a significant contribution to human services delivery and one that indeed deserves your serious attention and consideration.

Gary W Peters

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SOCIAL SERVICE "SELF APPRAISAL"

For those of us whose role includes identifying family needs and providing methods and techniques for securing services to meet those needs the responsibility for providing quality services is great. The Family Assessment Process was developed to provide a method of identifying family strengths, gathering family input and estabishing a working relationship which does not promote dependence by the family on the staff or agency.

Occasionally it is useful to take the time to take a good look at ourselves and how we are functioning in our role as a social service provider.

Take the time to ask yourself these questions:

*Do I discover strengths in an individual as easily as I discover his weaknesses?

*Do I face rejection by a client without resentment?

*Do I set aside my plans for a client and enter into his plan with enthusiasm?

*Do I give credit for the little achievements of the person of limited ability?

*Do I patiently believe in and encourage the new effort of the client who has a habit of failing?

*Do I control my own need for being needed and important in the life of the client so that I do not rob him of his independence by doing for him things he could/should do for himself?

*Do I accept the client as he is with understanding and tolerance?

*Do I extend my objective attitude of sympathetic understanding to my relations with my fellow workers and supervisors, as well as to my clients?

Taken from an article by Marian Mitchell, Florida Head Start.

PEOPLE ARE TALKING ABOUT THE FAMILY ASSESSMENT PROCESS. . .

"The information gathered in the FAMILY INTERVIEW FORM would be pertinent to anyone working with the child (not only social workers, but teachers, psychologists, speech therapists, physical therapists, etc.). Great!"

Teacher of Profoundly Mentally Retarded

"The PARENT QUESTIONNAIRE is a great idea. We've all overlooked the procedure of asking the parents what they want."

School Social Worker

"The RESOURCE UTILIZATION CHECKLIST is the most excellent part of the manual. I've never seen the need for other services so clearly addressed."

Parent Specialist for Emotionally
Handicapped Program

"I would like for the RESOURCE UTILIZATION CHECKLIST to be mandatory so that each family served would be made aware of all of the services that are available."

Infant Paraprofessional

"I was really impressed with the FAMILY NEEDS INVENTORY. The profile on the cover gives a total inventory without searching through the entire form. The interim dates for periodic evaluations are very significant to programming additions, deletions and modifications.

We have not engaged in an INDIVIDUAL FAMILY PLAN of this caliber. I will certainly begin to use this process with my families."

Parent Trainer

"I could not find anything in the entire FAMILY ASSESSMENT PROCESS that could be deleted. Very complete and excellent!"

Social Worker

Using The Family Assessment Process

The five-step Family Assessment Process presented in this manual facilitates the accurate, organized collection of information necessary for the development of a plan of intervention for families with children. Although each of the five steps in the assessment process is not dependent upon the others, each step does complement and expand upon the information contained in the other steps.

The goal of the Family Assessment Process is the development of a good working relationship between the staff member and the family. This relationship is based upon trust, acceptance and a thorough understanding of each other's role in the accomplishment of prioritized and realistic objectives. The plan of action for attaining these objectives is developed by the parent and staff member and is perceived as useful by both parties.

To facilitate the collection of information contained in the Family Assessment Process, an overview of the process has been provided outlining the suggested sequence, approximate time to complete and the person(s) involved in each step (see Figure 2).

The Family Assessment Process was developed to be used by those persons who work directly with families. To complete each of the steps in the assessment process effectively, certain information and observations are necessary. Below is a chart indicating the minimum awareness necessary to complete each of the steps (see Figure 1).

	Awareness of home situation by observation	Awareness of parent-child interaction by observation	Direct contact with parent
FAMILY INTERVIEW FORM			X
PARENT QUESTIONNAIRE			X
RESOURCE UTILIZATION CHECKLIST			X
FAMILY NEEDS INVENTORY	X	X	
INDIVIDUAL FAMILY PLAN			X

FIGURE 1

During the field testing of the Family Assessment Process the staff of the Child-Family-Community Project found the following suggestions to be practical and beneficial when assessing families.

In general, the following suggestions apply to all of the steps in the assessment process:

1. Before beginning the assessment process with a family, read through the entire Family Assessment Process Manual to familiarize yourself with the information to be collected.
2. Review thoroughly the section of the manual and the form to be used before meeting with the parent so that you are aware of the information and observations to be collected.
3. When setting up an appointment with the parent, arrange it at a time convenient to both you and the parent and briefly explain the amount of his/her time you will need and what information you will be collecting. If you would like to take another person to the appointment with you, ask for the parent's permission to do so. Be sure to explain that all information to be collected will be kept confidential.
4. Remain flexible with your "agenda" when gathering needed information. Work schedules, fussy children, unexpected interruptions, etc. may keep you from accomplishing your task.

The following suggestions are specific to each of the five steps in the assessment process:

STEP 1: FAMILY INTERVIEW FORM

Collects in a concise, organized manner the information needed to develop a complete social history.

- may take more than one contact to complete
- best when completed in the home to allow for informal observations of home and parent-child interactions
- use "conversational" manner to gather information as opposed to "question and answer" format
- give the parent time to answer questions and expand on responses, when appropriate

STEP 2: PARENT QUESTIONNAIRE

Allows parents to identify areas in which they want information or need assistance.

- can usually be completed during the same visit as Resource Utilization Checklist (STEP 3)
- if the parent appears uncomfortable when asked to complete the form offer to assist them in completing it
- after the form has been completed, review it thoroughly with the parent to make sure you have a good understanding of needs
- encourage the parent to check as few or as many needs as he/she feels is necessary and to add any additional needs not included on the form
- remember the aim of the Parent Questionnaire is to get the parents opinion of what he/she feels are the needs of the family

STEP 3: RESOURCE UTILIZATION CHECKLIST

Identifies needed community services or resources in terms of use and availability to the family.

- become familiar with available community resources and each program's eligibility requirements
- the use of a calculator is helpful when scoring the Resource Utilization Checklist

STEP 4: FAMILY NEEDS INVENTORY

Completes a review by the staff of the family's strengths and areas of possible intervention

- a review of all information previously collected is essential in completing the Family Needs Inventory
- is completed independently by the worker at the office
- refer as needed to the Item Explanation section (beginning on page 39) for a clear explanation of each Item (1-119)
- a calculator is helpful when scoring the Family Needs Inventory

STEP 5: INDIVIDUAL FAMILY PLAN

Contracts with the staff and family to set goals and plan interventions to meet identified needs.

- always involve the parent in the writing of the Individual Family Plan
- only include objectives that are possible to meet through available resources and program goals
- refer to the "Suggestions, References and National Organizations" section of this manual (found on page 52) for assistance in developing objectives and resources
- before the parent signs the Individual Family Plan, remind him/her that this is a contract and both staff member and parent will be expected to fulfill obligations

Sample Case Summary

A sample form for each of the five steps of the Family Assessment Process has been completed on a hypothetical family, the Halls. Each of the completed sample forms can be located following the instructions for using that particular step.

In our case study, Joe Hall has been referred by his mother who is concerned about the child's behavior. According to his mother, Ann Hall, five-year old Joe, has become extremely difficult to manage, both at home and at his day-care center. He does not obey, fights with other children, has begun to have temper tantrums when not given his own way and does not seem to make friends easily.

The Family Interview Form indicates that Ann Hall, age forty-one, has been divorced from her second husband, Joe's father, for about six months. Joe has two older high-school aged half-sisters. There seems to be a special attachment between Joe and Sue, the fifteen year old. Mrs. Hall works part-time as a secretary. Joe attends a day-care center in the mornings while his mother works. Although Ms. Hall receives child support from her ex-husband and is working part-time, the family's finances are limited.

Joe was described as a fussy, active infant. As reported by his mother, Joe seems to have always demanded attention. She feels that he requires discipline "all the time". When asked what she usually disciplines Joe for, Ms. Hall responded, "Everything." Ms. Hall stated that Joe's father never disciplined him and that now, when Joe gets spanked or punished, sister Sue usually babies him.

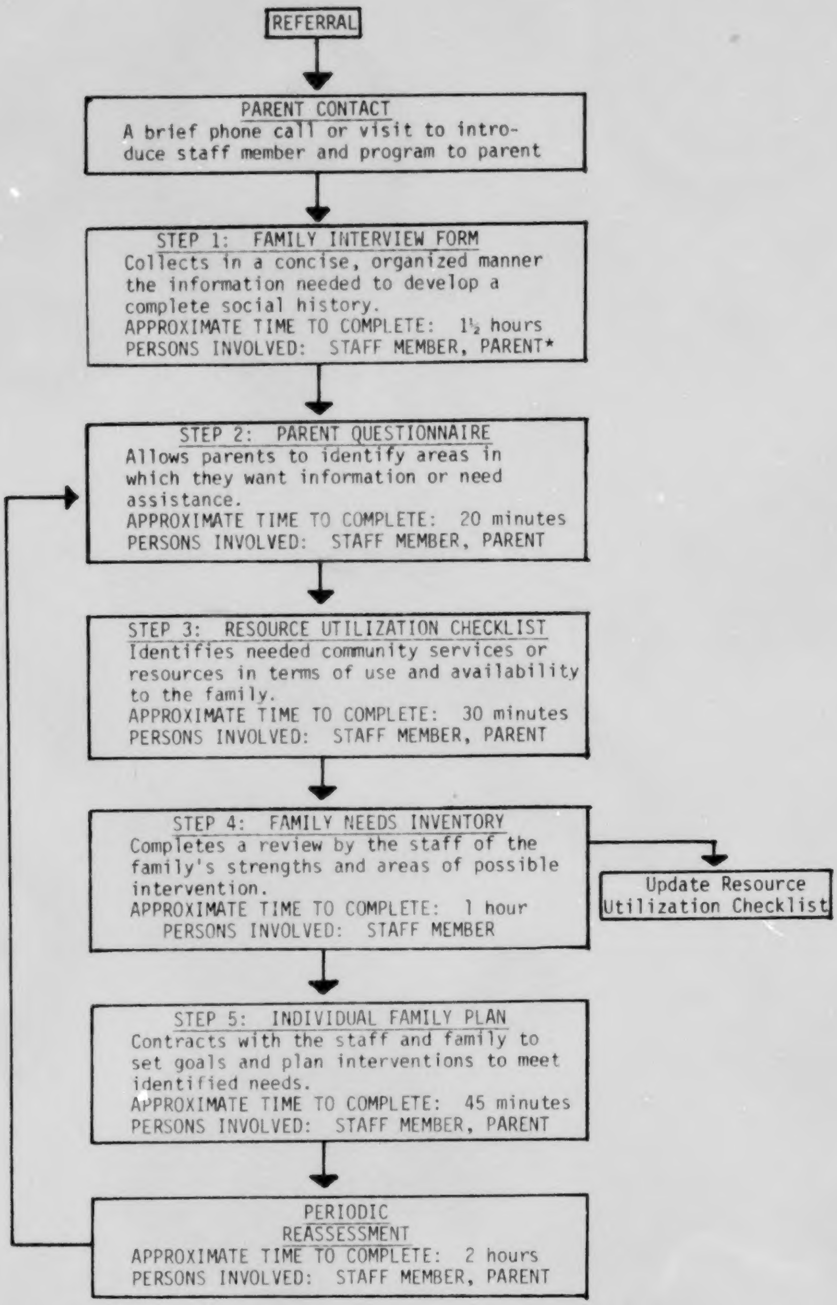
Nothing unusual was reported concerning Joe's developmental or medical history.

Ms. Hall completed the second step of the Family Assessment Process, the Parent Questionnaire, independently. She double-checked the statement dealing with understanding how to manage her child's behavior indicating that she felt that this was an area of major concern. She also checked the statement dealing with medical and dental services, therefore calling our attention to another area of need for her family.

The Resource Utilization Checklist, the third step of the Family Assessment Process, was completed with Ms. Hall. The checklist revealed several needs or concerns in addition to reinforcing some of the needs already identified such as alternative housing, adult education and public health services.

The fourth step of the assessment process, the Family Needs Inventory, was completed by the staff members, Margaret Greene and Olivia Harris, following a thorough review of all information previously gathered. In addition to reinforcing those needs already identified, the Family Needs Inventory confirmed the staff member's feelings that the family might benefit from some type of supportive/counseling services.

The staff members developed a list which summarized the areas of need identified by the first four steps of the Family Assessment Process. This Summary List included: behavior management, medical/dental services, alternative housing, public health services, Mental Health services and Adult Education. This list was then reviewed with Ms. Hall and four major objectives were formulated and prioritized. Methods and responsibilities for achieving these objectives were discussed and outlined. The four objectives included on the Individual Family Plan were: 1) improve Joe's behavior, 2) improve mother's vocational skills, 3) increase awareness of medical services and 4) increase awareness of support services available. Both parent and staff signed the Individual Family Plan agreeing to work towards achieving these common objectives.



PARENT CONTACT
A brief phone call or visit to introduce staff member and program to parent

STEP 1: FAMILY INTERVIEW FORM
Collects in a concise, organized manner the information needed to develop a complete social history.
APPROXIMATE TIME TO COMPLETE: 1½ hours
PERSONS INVOLVED: STAFF MEMBER, PARENT*

STEP 2: PARENT QUESTIONNAIRE
Allows parents to identify areas in which they want information or need assistance.
APPROXIMATE TIME TO COMPLETE: 20 minutes
PERSONS INVOLVED: STAFF MEMBER, PARENT

STEP 3: RESOURCE UTILIZATION CHECKLIST
Identifies needed community services or resources in terms of use and availability to the family.
APPROXIMATE TIME TO COMPLETE: 30 minutes
PERSONS INVOLVED: STAFF MEMBER, PARENT

STEP 4: FAMILY NEEDS INVENTORY
Completes a review by the staff of the family's strengths and areas of possible intervention.
APPROXIMATE TIME TO COMPLETE: 1 hour
PERSONS INVOLVED: STAFF MEMBER

STEP 5: INDIVIDUAL FAMILY PLAN
Contracts with the staff and family to set goals and plan interventions to meet identified needs.
APPROXIMATE TIME TO COMPLETE: 45 minutes
PERSONS INVOLVED: STAFF MEMBER, PARENT

PERIODIC REASSESSMENT
APPROXIMATE TIME TO COMPLETE: 2 hours
PERSONS INVOLVED: STAFF MEMBER, PARENT

*The term "parent" will be used to identify the most significant caregiver in the life of the child with whom the staff has direct and consistent contact.

FIGURE 2

FAMILY ASSESSMENT PROCESS OVERVIEW

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INTRODUCTION

The Family Assessment Process was developed by the staff of the Child-Family-Community (C-F-C) Project. The project, funded by a Handicapped Children's Early Education Program grant from the U.S. Office of Education (1979-82), has provided services to families with preschool children in six school systems in rural Southwest Georgia.

The main focus of intervention is with the families of children who are birth to five years old and who are developmentally delayed or at risk of developing delays. These families are served by C-F-C staff members on a homebound basis with efforts made to involve and coordinate resources available within the local community. An educational program is provided by the project for those children not receiving educational services elsewhere.

Rationale

Parents* know their child better than anyone else. The parent is the child's first and most important teacher. Research demonstrates that parent involvement is essential to the success of an effective early childhood program.

Studies (Levenstein, 1970; Karnes, Teska, Hodges and Badger, 1970) indicate that early intervention programs which are aimed at involving the family in the intervention process not only yield better results than if the intervention were aimed at only the child, but also result in more long-term effects, including benefits to younger siblings. Bronfenbrenner (1974) also found that involving parents reinforces the effect of the program as well as helping to sustain the effects after the program ends. Learned skills are generalized for all their children by parents, thus making parents better teachers (Gilmer et al., 1970; Klaus and Gray, 1968, 1970). Lillie (1974) discovered that even the best educational progam would have little effect without parent involvement.

These studies support the project's major emphasis, which is to assist families by providing information, support, training and assistance with the coordination of available community resources and to involve the parents with their child's educational program.

Purpose

The Child-Family-Community Project has developed a five-step Family Assessment Process which facilitates the acquisition of essential information about the family and child and aids in the planning of intervention strategies. Parent involvement and participation are the essential elements to the success of the program.

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*Throughout this manual the term parent will be used to define the most significant caregiver(s) with whom project staff have direct and consistent contact.

It is widely accepted that it is important when working with children to have an understanding of their present level of functioning. This assessment is done so that one will have an understanding of the child's strengths and weaknesses and an idea of where to focus intervention efforts when planning an educational program.

As with children, it is important when working with families to have an understanding of their present situation and concerns. Having an organized procedure to follow not only helps the staff to become more familiar with the family but also assists the family in understanding the services being offered by the program. Once the family's strengths and needs have been identified and their concerns have been expressed through use of the Family Assessment Process, then the focus of intervention efforts can be formulated.

The Family Assessment Process when used in its entirety provides for the following:

1). An opportunity for the worker to interview the parent and observe the family in their home environment,
2). An opportunity for the parent to express needs and concerns,
3). A review of the community services which are being utilized by the family,
4). An evaluation by the staff of their perceptions of the family's strengths and needs,
5). A basis for the formulation of a written plan for intervention strategies,
6). A method of reassessment at regular intervals to evaluate progress and determine the need for additional services, and
7). An opportunity for the program to demonstrate effectiveness and promote accountability.

It is recommended that the five steps of the Family Assessment Process be completed in its entirety. It is possible, however, to use one or more of the steps to meet individual program needs.

Instrument Description

The Family Assessment Process is written from a social service perspective. The child is viewed as a part of the family system, and the focus of intervention efforts are geared towards the family.

The C-F-C Project is involved with children from birth to five years old. It is the feeling of the staff, however, that the areas covered by the assessment materials do not lose their importance once the child reaches school. The Family Assessment Process can be adapted for use with school-age children as well as handicapped and non-handicapped children.

It is important for the worker to be familiar with each step in the procedure before beginning the assessment process. The information gathered in the first steps is essential for completing information later in the procedure. It is important throughout the assessment process to understand the need for the type of information being collected.

The Family Assessment Process is outlined below:

*FAMILY INTERVIEW - A complete social history of the child including developmental, medical and family background information.

*PARENT QUESTIONNAIRE - A checklist for parents to identify areas in which they need more information or assistance.

*RESOURCE UTILIZATION CHECKLIST - A checklist to identify which community services the family needs, which of these services are available and which they are receiving.

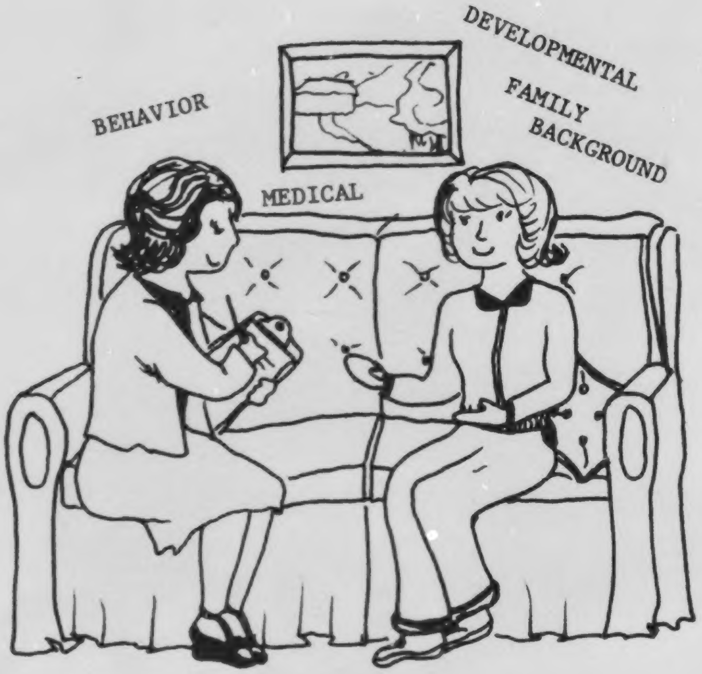
*FAMILY NEEDS INVENTORY - An instrument enabling the staff to review the family in terms of strengths and areas of possible project intervention. The main areas covered are: Information for Referral/Programming, Basic Needs, Skills Development/Implementation, Emotional Factors, Circumstances and Resistances.

*INDIVIDUAL FAMILY PLAN - A contract between staff and family to set goals and plan activities to assist in meeting identified needs.

General Procedures

Since the Family Assessment Process is written from a social service perspective, it is felt that someone with knowledge and/or training in the social service field would be best qualified to complete the process with a family. It is the C-F-C staff's feeling, however, that anyone (teachers, aides, paraprofessionals) who has had experience in dealing with families and who has been trained in basic interviewing techniques and who is thoroughly familiar with the Family Assessment Process Manual can do so effectively.

On the following pages is a more detailed explanation of each step in the process and general information to assist in the completion of these forms.


BEHAVIOR
MEDICAL
DEVELOPMENTAL
FAMILY BACKGROUND

Step 1: FAMILY INTERVIEW FORM

The Family Interview Form developed by the Child-Family-Community (C-F-C) Project is the first step in the Family Assessment Process. Many agencies and school systems use their own Family Interview Forms. The C-F-C Family Interview Form is useful in obtaining information necessary to complete other components in the Family Assessment Process. If an agency is planning to adopt the Family Assessment Process it is strongly recommended that the C-F-C Family Interview Form be used. If, however, an agency chooses to continue to use its present form, it is very important that agency officials be aware of and make provisions for obtaining the additional information necessary for the completion of the Family Assessment Process.

Purpose

The Family Interview Form is an information-gathering instrument used initially in obtaining the knowledge necessary for completing a social history of the child. It is most useful when completed through an interview conducted in the home, allowing for worker observation of the home situation.

Instrument Description

The Family Interview Form is a seven-page interviewing tool intended to facilitate the acquisition of relevant information about the child and family in an organized and concise manner. Information collected includes a description of the home, family composition and community agency involvement. Pre- and post-natal information about child and mother and developmental, medical, behavioral and social information about the child are also included.

General Procedures

Whenever possible, the information for the Family Interview Form is to be collected with the mother or someone who is familiar with the mother's pregnancy and delivery and the child's early development. It is also important for the interviewer to involve the person with whom they anticipate having consistent and direct contact, if other than the mother, since the information will be useful in developing the intervention plan.

It is felt that if the interviewer is familiar with the format of the Family Interview Form and is able to conduct the interview using a more conversational manner (as opposed to a "question and answer" method), allowing for a more relaxed and open atmosphere, the information obtained may be more thorough.

Specific Directions

1. When making an appointment with the parent to complete the Family Interview Form, it is important for the interviewer to explain that the interview will require one to one and half hours of the parent's

time. Attempts should be made to arrange the interview at a time when interruptions will be at a minimum.

2. Before beginning the interview, it is important for the interviewer to explain to the parent that information collected will be kept confidential. The parent should be told that this information can be released to other programs/agencies only with the parent's permission.

3. Basic interviewing techniques should be employed when completing the Family Interview Form. The items of the Family Interview Form have been arranged in a practical, organized manner which facilitates the collection of pertinent information. For this reason, it is recommended that the interviewer complete the form in the specified order to avoid overlooking any items. However, if a parent provides important information spontaneously efforts should be made to locate the appropriate area in which to record that information. The interviewer should encourage the parent to expand on his/her answers, even if the information is not specifically required to complete the interview form. The more information the interviewer has after completing the Family Interview Form, the better.

4. Once the interview form has been completed, the interviewer should briefly review the form to make sure that all of the necessary information has been obtained. If during the course of the interview, the informant has given contradictory or inconsistent information, the interviewer should make attempts to clarify these points. Once completed, the staff member should sign the interview form. Some persons may also choose to request that the parent sign the interview form after having had a chance to review it.

CHILD
FAMILY
COMMUNITY PROJECT
Brooks Colquitt Grady Pelham City Thomas Thomasville City

FAMILY INTERVIEW FORM

CONFIDENTIAL

DATE: 1/20/82
IDENTIFICATION # 112

NAME OF CHILD: Joseph Allen Hall DOB: 11/26/76

ADDRESS: 123 Main Street

TELEPHONE: 555-1234 (home) 555-9876 (8-12) (work) (other)

PARENT(S) OR GUARDIAN(S) NAME: Ann Hall

DESCRIPTION OF FAMILY SITUATION: Single parent, mother works part-time, two older siblings in the home

MARITAL STATUS OF PARENTS: parents divorced 6 months ago

INFORMANT: Ann Hall RELATIONSHIP: mother

PRESENT LIVING SITUATION

1. Persons living in the home:

FULL NAME	RELATIONSHIP	AGE OR DATE OF BIRTH	HIGHEST GRADE IN SCHOOL	OCCUPATION
Ann Hall	mother	2/10/40	12th	Secretary
Mary Williams	sister (step)	5/6/64	in 12th	student
Sue Williams	sister (step)	8/15/66	in 10th	student
Joe Hall				

2. Sources of Income:
Employment: 8-12 Brown's Business Machines $240 month
AFDC: — per month Food Stamps: — per month Social Security $270 per month (↓ Sue & Mary)
Other: $100 mo. Child Support for Joe
Child Support may not be as regular soon because Joe's father is remarrying and says money will be tight
Who decides how family income is spent? mother

3. Medicaid/Medicare:

4. Other Agency Involvement: Children's Medical Services (Joe), Social Security (Sue and Mary - their father died)

5. Description of home: renting 3 bedroom 1 bath house
Own: Rent: ✓ $265 mo Living with others:
Number of bedrooms: 3 Indoor plumbing? yes
Hot water? yes Phone? yes T.V.? yes
Adequate facilities for food preparation? yes
Additional comments:

PRE-NATAL INFORMATION

Mother's health during pregnancy:

a. Mother's feelings regarding pregnancy surprised, upset

b. Illnesses or accidents during pregnancy no

c. Home situation during pregnancy just remarried, living with mother-in-law, lot of conflict between daughters, step-father and mother-in-law

d. Drugs used during pregnancy vitamins

e. Activities during pregnancy worked part-time as secretary, normal housework

f. Describe pre-natal care found out pregnant at 5 months - went to doctor regularly

g. Number of pregnancies 3

LABOR AND DELIVERY

Length of labor: Hours 5 Natural or Caesarean? natural
Was labor induced? Yes No ✓ Was labor difficult? Yes No ✓
Were forceps used? Yes No ✓ Was anethesia used? Yes ✓ No
Was mother awake when baby was born? Yes ✓ No
Where was child born?: Rural City Hospital
Who assisted in the delivery? Dr. Thomas
Age of mother at delivery? 36
Position of baby at delivery ✓ Head first Breech Feet first
Weight at birth: 5lb. 1oz. Full term? yes

Complications at birth:

_____ Trouble breathing ✓ Jaundice _____ Blue color
_____ Irregular heart rate _____ Birth injuries _____ other problems
(explain): put under lights but not a real problem

Mother's condition following delivery: depressed, couldn't stop crying - lasted about 2 days

Baby's condition following delivery: okay, cried a lot

INFANCY

1. Feeding: Describe any feeding problems fussy eater
Breast or bottle fed? bottle Demand or schedule? demand
Baby's response to nursing: Okay
Problems associated with feeding:
vomiting yes
colic no
constipation no
diarrhea yes
allergy doctor changed milk at 3 mo. and baby seemed to do better then

2. Other illnesses during first several months: kept a cold

3. Describe the baby's general attitude, mood, amount of activity during first few months: fussy, active, demanded attention

4. Describe your living situation during your baby's first few months: still tense around house, mother-in-law was critical

DEVELOPMENTAL INFORMATION

1. Milestones
Age at which child:
Cut first tooth 6 months
Sat alone 8 months
Crawled 10 months
Walked alone 13 months

2. Toilet-training:
When began: 2 yrs.
When was child accident-free during day? 2½ yrs.
Completely trained? 3 yrs.
Was the child easy or difficult to train? about normal

3. Language:
Age at which child:
First said "mama/dada" 10 months
Put 2 words together not sure months
Simple sentences 24 months
Any noticeable speech problems? no — although when wants attention talks "baby talk"

4. Sleeping Habits:
Share a room no
With whom? –
Schedule: Nap —
Bedtime 9:00 PM
Awaken 7:00 AM
Describe any unusual sleeping habits: sucks thumb, needs night light on in room

5. Eating Habits:
Does child feed him/herself? yes
Does child eat at approximately the same time every day? yes
Where does child usually eat meals? at table
What kinds of foods does child eat for:
breakfast cereal, pop tarts
lunch soup or sandwich
supper meat and vegetable
snacks cookies, Kool-Aid, pop

HEALTH/MEDICAL INFORMATION

A. Child Information
1. Vision:
Have you ever felt that your child had difficulty seeing? no
Check any that apply:
____ rubs eyes frequently
____ squints
____ frowns often or tilts head to one side
____ holds objects close to eyes
____ has red or watery eyes
____ complains of eyes hurting
Has your child ever had his/her eyes checked or examined? yes By whom? (explain): doctor tried - he didn't think there were any problems

2. Hearing:
Have you ever felt that your child had difficulty hearing? no
Check any that apply:
✓ frequent ear infections or colds
____ pulls or pokes at ears
____ fluid draining from ears
____ does not respond to voice or sounds
Has your child ever had his/her hearing or ears checked or examined? no
By whom? (explain):

3. Child's Doctor: Dr. thomas
When was the last time your child saw a doctor?: last year Why?: flu - got real sick
Does your child receive medical care regularly? when sick
Are child's shots up to date? not sure Where? had been getting shots at Dr. thomas - haven't had him back recently because haven't had extra money

4. Childhood Illnesses:
Has child ever had:
measles
chicken pox
frequent colds/flu ✓
ear infections ✓
other
mumps
allergies ✓ maybe milk as a baby

5. Serious Illnesses:
Has child ever been hospitalized? (explain): no
Accidents?: broken arm at 2 yrs, several busted lips
Seizures?: no
other: Children's Medical Services for corrective shoes - now just goes once a year for check up

6. Dental Services:
Has your child had his/her teeth checked? not yet By whom?:
had planned to have checked before school started

7. Other:
Has your child ever been tested or treated by anyone else, not mentioned previously? (i.e., a psychologist, psychiatrist, physical therapist, speech therapist, neurologist, educational specialist, etc.) Explain: no

B. Family Information

1. Where do other family members receive medical care? Dr. thomas

2. When do family members usually obtain medical attention? When sick

3. Does anyone in the immediate family have:
   a. Medical problems?
   b. Physical handicaps?
   c. Emotional problems?
   d. Hearing difficulties?
   e. Speech problems? Sue saw Speech therapist in elementary schl.

BEHAVIORAL/SOCIAL INFORMATION

1. Family Relationships
   a. Which family member does your child seem to have the closest attachment to? Sue
   How is this shown? Spend time together - he cries for her
   b. Who is primarily responsible for the care of your child? During the day day care/mother During the night mother
   c. Describe the types of activities that you and your family enjoy doing with your child (include activities in the home and away from the home) watch tv, Sometimes Sue takes him to the park, I try and let him play outside

d. During the child's life have there been any changes in the family situation (such as change in parents' marital status, frequent moves, change in family composition, imprisonment, death, etc.)? yes, divorce 6 months ago

e. Are you satisfied with your present living situation? have to be
Explain: don't have any choice, mother-in-law still tries to interfere

2. Child-Peer Relationships
a. How does your child get along with the other children in the home? pretty good - especially Sue
b. How often does your child have an opportunity to play with children outside of the home? a lot - day care and neighborhood children
c. How does your child get along with other children? cries, fights a lot
Does your child seem to enjoy playing:
alone? no
with younger children? yes - he can boss them
with similar-aged children? usually fights with them
with older children? okay if a lot older
with adults? plays rough
with a group of children? not real good
d. Does your child make friends easily? not really

3. Child's Behavior
a. How would you describe your child:
✓ usually very active
____ active sometimes, but also plays quietly
____ usually not very active
____ usually happy
____ usually unhappy
✓ moody happy if getting his way
✓ demands excessive attention
✓ aggressive toward others
____ seems overly jealous
____ nervous
____ other:
b. Does your child have temper tantrums? yes - just started
Explain: when doesn't get his way, when time for bed
c. Does your child have any fears?
Sleeping in dark

4. Discipline
a. What do you usually discipline for? EVERYTHING - fighting, not going to bed, tearing up house
b. Is discipline frequently needed? yes how often? All the time.
c. How do you usually disciplines your child? Spank him, yell at him
Does it work?: Sometimes
d. Who usually disciplines your child? mother (father NEVER disciplined)
If more than one person disciplines, do these people usually agree on when and how to discipline? Sue babies him after mother punishes He behaves for Sue
e. How does your child react to discipline? makes him mad
f. When your child behaves well or does somethings good, how do you let him/her know you like it? doesn't hardly ever do anything good
How do other family members respond to your child's good behavior? Sue is always petting him.

5. Child's Play
   a. What kind of play activity does your child seem to most enjoy? (watch t.v., playing outside, looking at books, working with hands, etc): playing outside
   b. What kinds of toys does your child have? bike, football, trucks
   c. What is his/her favorite toy? bike
   d. Do you make play things out of household items (pots, pans, spools, cans, boxes, etc.)? no - "has enough toys we bought him"
   e. Does your child seem to become easily frustrated when a task becomes difficult during play? yes
      Describe: he throws a fit
   f. Does your child stick with one activity (playing with blocks, coloring, etc.) for:
      ___ less than 5 minutes?
      ___ 5-10 minutes?
      ✓ more than 10 minutes?
   g. Does your child enjoy watching t.v.? Only certain shows - Hulk, Dukes of Hazar
   h. How much time do you, or other family members, spend alone with your child listening, talking and playing each day? Sue spends a lot of time Mother takes him to store or when runs errands

SUMMARY

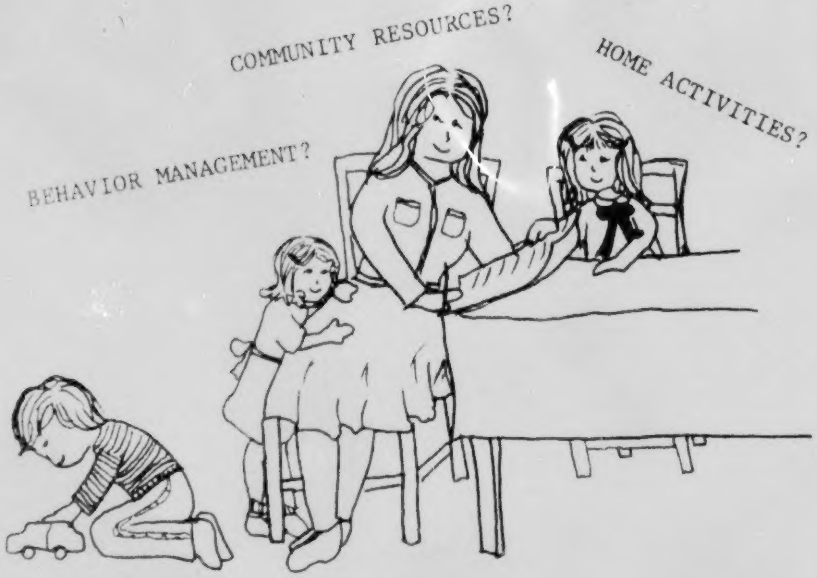
1. How do you view your child's developmental growth compared to siblings or other children of the same age? about the same

2. Looking ahead to the future, what are your expectations for your child? has good sense but worry about behavior when goes to school

3. Is there anything that you would like to learn or know more about that would help you and your child? how to make him mind me

4. Is there any additional information that you feel is important in order for me to better understand your child or family? most of the behavior problems have gotten worse since the divorce - I don't know why.

Margaret Greene
SIGNATURE OF INTERVIEWER


COMMUNITY RESOURCES?
HOME ACTIVITIES?
BEHAVIOR MANAGEMENT?

Step 2: PARENT QUESTIONNAIRE

The Parent Questionnaire is the second step in the Family Assessment Process. The function of the Parent Questionnaire is to identify the perceived needs of the parent so that intervention strategies and specific objectives can be planned and implemented. Therefore, the items included on the instrument correspond to the goals and capabilities of the Child-Family-Community Project. It is important for other agencies or programs, if adopting this form, to consider their goals and capabilities to avoid raising unrealistic parental expectations regarding what their programs can offer.

Purpose

The Parent Questionnaire provides insight into parents' perceptions of their own needs. Later in the assessment process, this information can be compared to the results of the Family Needs Inventory to explore commonalities and discrepancies between needs as perceived by the parent and needs as identified by the staff member. These similarities and differences become very important when planning and following through with intervention strategies. If the family's needs as seen by the parent and staff member differ, special consideration must be made when formulating objectives.

Instrument Description

The Parent Questionnaire is a one-page checklist consisting of thirteen statements. The parent is asked to complete the form by checking those items in which he/she perceives a need. The parent is given an opportunity to identify those areas of most concern. The thirteen statements are coded to correspond to the first thirteen items on the fourth step of the Family Assessment Process, the Family Needs Inventory.

The Parent Questionnaire includes items of possible concern such as parent training, behavior management skills and identifying and utilizing appropriate financial, medical and transportation resources.

The questionnaire is written in a simple, easy to understand format which, in most cases, allows the parent to complete the form independently, although it can be completed by interview.

Space is provided at the bottom of the checklist for the addition of any needs or concerns not previously mentioned.

General Procedures

The Parent Questionnaire should be completed by the person with whom the program will have consistent and direct contact. The staff member is responsible for explaining the importance of obtaining direct input from the parent regarding his/her opinions, thoughts and concerns about the needs of the family.

Specific Directions

1. The Parent Questionnaire is most useful when completed by the parent independently with a staff member available to answer any questions which may arise. However, some parents do not feel comfortable in this situation or may not be able to comprehend the questionnaire without assistance. In these situations, the staff member should review the form item by item with the parent. The parent is asked to place a check (✓) by those items in which they would like more information or assistance. The parent should be informed that he/she may write additional needs or concerns at the bottom of the form.

2. Once the parent has initially reviewed the thirteen items the staff member must be sure that the parent either independently or with the worker reviews the items once more and places a second check (✓✓) by those items which are most important to him/her.

3. The staff member should review all checked items with the parent to determine more specifically what his/her particular concerns are.

4. Although it is recommended that the Parent Questionnaire be completed as the second step in the assessment process, there are occasions when the parent may not feel comfortable disclosing this information or may not fully understand his/her involvement in the assessment procedure. In such cases, it is recommended that the Parent Questionnaire be reviewed again with the parent prior to developing a plan for intervention.

CHILD FAMILY COMMUNITY PROJECT

Serving families of preschool children with special needs

Brooks Colquitt Grady Pelham City Thomas Thomasville City

PARENT QUESTIONNAIRE

Child's Name Joe Hall School District Rural County
Parent's Name Ann Hall Date: 1/25/82
Completed by: M. Greene

The Child-Family-Community (C-F-C) Project provides assistance to the families of preschool children with special needs. Many times these families find that they need assistance in certain areas. In order for us to understand any concerns you may have please look over this checklist.
DIRECTIONS: Please put a check (✓) beside those items below which you would like to know more about or would like assistance with. Remember, there are no right or wrong answers. Check as many as you like.

I FEEL MY FAMILY COULD USE HELP WITH . . .

____ understanding why it's important that we take this time to gather information about our child and the family. (IA)

✓ understanding how we can work with your program. (IC)

____ understanding what our child does well and in what areas (s)he may need help. (IB)

____ understanding how we can make our home a good place for our child to learn. (IIE)

____ understanding how to use toys and things around the home to help our child learn. (IIIB

✓✓ understanding how to manage our child's behavior. (IIIA)

____ planning activities that are fun for the whole family. (IVA)

____ identifying and using community services which may help our child and family. (IIF)

____ knowing where to go for financial assistance and special services (daycare, physical therapy, etc.). (IIC)

____ providing a safe, comfortable home and clothing for our family. (IIB)

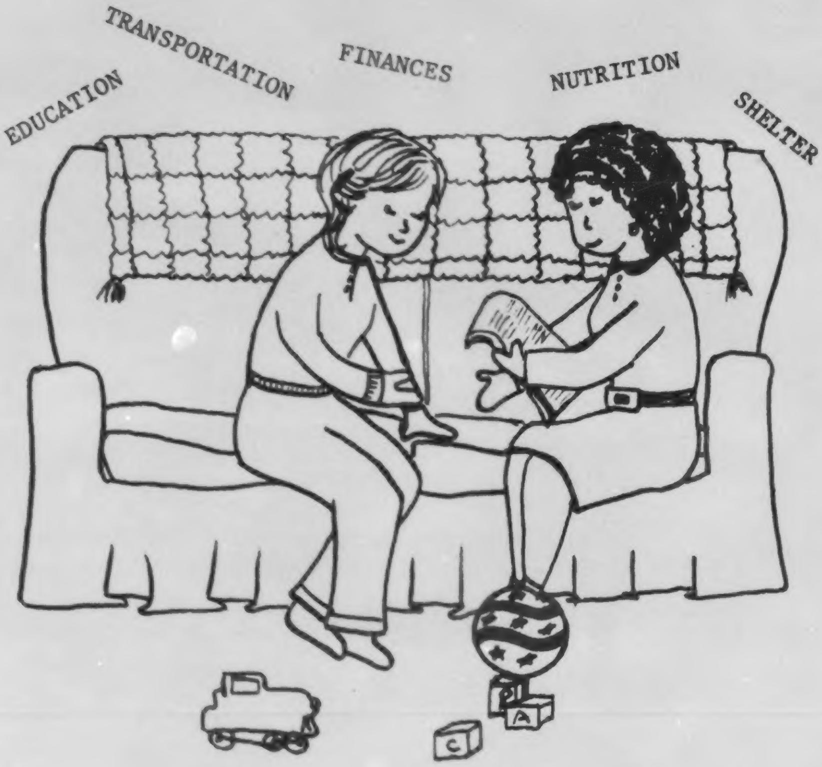
✓ obtaining needed medical and dental services. (IID)

____ providing healthy meals and snacks for our family. (IIA)

____ finding transportation, when needed, for our family. (IIG)

Now, please go back through the items once more and put a second check (✓✓) by those items which were most important to you and your family.

Any other concerns or needs not listed:


EDUCATION
TRANSPORTATION
FINANCES
NUTRITION
SHELTER
C
A

Step 3: RESOURCE UTILIZATION CHECKLIST

The Resource Utilization Checklist is the third step in the Family Assessment Process; however the checklist may be used separately, if desired. As mentioned previously, one of the goals of the C-F-C Project is to assist families in becoming aware of and in coordinating needed community resources. The Resource Utilization Checklist assists the family and staff member in the identification of needed services and the degree to which the family utilizes these services.

Purpose

The Resource Utilization Checklist is a procedure to: 1) review those services the family is currently using or is in need of; 2) determine whether these services are available locally; 3) determine whether the family qualifies for available services; 4) document the degree of present service utilization; and 5) record the reasons contributing to less than full use of available services. When the Resource Utilization Checklist is used as a part of Family Assessment Process, the staff member can identify discrepancies between those needs as stated by the parent and those as recorded by the staff on the Family Needs Inventory.

The Resource Utilization Checklist can also be used as an assessment tool to determine the percentage of needed services currently being utilized by the family. This percentage is then used as a pre- and post-test measure to document changes in service utilization as a result of program intervention.

Instrument Description

The Resource Utilization Checklist is a four-page rating type form. Comprehensive family support services are listed and sequenced to match the basic need areas covered by the Family Needs Inventory. Services listed include: Nutrition, Housing, Clothing, Financial Resources, Health/Medical/Dental, Counseling, Adult Education, Education (Child)/Day Care, Transportation and Other. Under each of these main headings is a comprehensive listing of possible community resources. Each community resource on the checklist is rated for need, availability, eligibility and present usage level. A space is provided for the staff member to make notations regarding the reason(s) contributing to the present level of functioning.

At the end of the instrument a formula is provided in order for the staff member to calculate a Percent of Resource Utilization. This percentage reflects the degree to which the family is using the identified needed resources and assists in determining the need for intervention services. When used as a pre- and post-test, the percentages can be used for comparison to monitor change in resource utilization.

A new Resource Utilization Checklist form is required for each re-assessment.

General Procedures

The Resource Utilization Checklist is most useful when completed with the person who is responsible for the child on a day-to-day basis. The staff member uses this checklist to interview the family regarding the need for and the availability and usage of community resources. The staff member is responsible for explaining to the family unfamiliar services and resources which may be of benefit. The checklist facilitates a thorough discussion and analysis of community resources between the family and staff member. Familiarity with the organizational structure of the checklist and available community resources is essential to the effective use of this instrument.

Specific Directions

To assist in the explanation of the Resource Utilization Checklist, the different sections have been labeled Section A, Section B, etc., to correspond to the sample form beginning on page 20. It is recommended that the reader refer to the sample form when reading these instructions.

1. The staff member should explain the purpose and the format of the Resource Utilization Checklist to the parent.

2. The staff member should begin the interview by introducing each topic heading and then covering each of the items listed under that heading. The parent is asked if each item is a service or resource which is currently being utilized or which would be needed by the family. Any service or resource unfamiliar to the parent should be explained fully. If the parent responds "yes", place a check (✓) under "yes" in the area designated A Needed Service? (Refer to Sample Form Section A). If the parent responds "no", place a check under "no" in the same area. (Refer to example)

3. If a "yes" was checked in Section A, proceed across the checklist, completing Sections B, C, and D, as appropriate. If a "no" was checked, go on to next item listed in Section A. (Refer to example)

4. Section B is entitled Service Available/Family Qualifies?. A service or resource is considered available if its service area includes the geographical area in which the family lives. For example, even though a particular clinic is located 100 miles from a family's home, if the clinic's service area covers the county in which the family resides, the service should be considered "available". For those services or resources whose availability is not as easily determined, the view of the parent should be used for completing this section unless the staff member has information which appears contradictory. For example, a parent might state that alternative, affordable housing is not available. However, the staff member could be aware that the family has refused federally subsidized housing which has been offered. Here again, this resource should be considered "available".

   If a service or resource is determined to be available, then the staff member must determine to the best of his or her ability if the family meets eligibility requirements or qualifications for the service or resource. If it is determined that a service or resource is both available and that the family qualifies, a check should be placed in the "yes" column of Section B. If a family does not meet the above criteria, a check, should be made in the "no" column of the same section. (Refer to example)

5. Section C is entitled Degree of Service Utilization. This area is broken down into three columns: full, partial and not at all. Only one of the three columns in Section C should be marked for each resource listed.(Refer to example)

   (a) Full: Place a check in this column if the service or resource listed is currently utilized regularly by the family. Even if a service is utilized only occasionally, if it is used as often as needed, consider this full utilization.

   (b) Partial: Place a check in this column if the service or resource listed is not currently utilized as often as needed by the family.

   (c) Not at all: Place a check in this column if the service or resource listed is not currently utilized at all by the family.

6. Section D is used for making notations and comments regarding the family's present level of service utilization.(Refer to example)

EXAMPLE

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
ALTH/MEDICAL/DENTAL: FAMILY (IID)	Ⓐ		Ⓑ			Ⓒ		Ⓓ
Private Physician	✓		✓		✓			Dr. Smith
Private Dentist	✓		✓				✓	wants to find a dentist
Health Department	✓		✓		✓			Shots for younger sister
Medicaid	✓		✓		✓			
Medicare		✓						
Emergency Room		✓						
Health Insurance		✓						
Other:								

7. After filling out the Resource Utilization Checklist with the parent, the staff member should independently review the form. The next step of the Family Assessment Process, the Family Needs Inventory, will assist the staff member in identifying any additional needs. If any additional needs are found which were not identified by the parent, use the same procedure outlined above, using an "X" instead of a check.

8. Scoring - Add up the total number of ✓'s and X's in the "yes" column of Section A on the cover page and enter that figure at the bottom in the SUBTOTAL (Raw Score) block. Follow this same procedure for the "no" column in Section B, and the "full" and "partial" columns in Section C. The columns not requiring scoring have been shaded. Continue the same procedure for pages two, three and four. Enter the raw score subtotals from each page in the spaces provided on page four. These subtotals are then added together and that sum is entered in the area designated TOTAL (Raw Score). The Total

(Raw Scores) are then adjusted by multiplying them by the numbers indicated and the results are then placed in the appropriate place (e.g. △ for # needed, ○ for # not available; □ for # utilized). These scores are transferred to the corresponding shapes in the formula found at the bottom of the form. The number of services not available (score in ○) is subtracted from the number of needed services (score in △) and this amount is divided into the number of services utilized (score in □). The resulting figure is multiplied by 100 to determine the Percent of Resource Utilization.

SUBTOTAL PAGE 1	2	[redacted]	0	2	0	
SUBTOTAL PAGE 2	3	[redacted]	0	2	1	
SUBTOTAL PAGE 3	5	[redacted]	1	3	0	
SUBTOTAL PAGE 4	1	[redacted]	0	0	0	
TOTAL (Raw Score) →	11 x2	[redacted]	1 x2	7 x2	1 x1	
ADJUSTED SCORE →	△ 22	[redacted]	②	14 +	1 =	□ 15

# UTILIZED ÷ (# NEEDED – # NOT AVAILABLE) X 100 = PERCENT OF RESOURCE UTILIZATION

□ 15 ÷ (△ 22 – ②) = .75 X 100 = 75%

9. Interpretation - The Percent of Resource Utilization should be interpreted in the following way:

100% - 85% Utilization = low level of need for intervention
84% - 75% Utilization = moderate level of need for intervention
74% and below Utilization = high level of need for intervention

These percentages are to be used as a guide in interpretation. It is possible that a family could be using almost all needed community resources and appear to need little assistance in this area when, in fact, those services not being used are critical.

For a more in-depth interpretation of the results of the Resource Utilization Checklist, the staff member should review the raw scores. A significant increase or decrease in the number of needed services or changes in the availability of services needed will be reflected in the raw scores and should be taken into consideration when comparing pre- and post-test percentages.

When used to monitor change in pre- and post-test percentages an increase in the use of community resources will be reflected in an increase in Percent of Resource Utilization.

CHILD
FAMILY
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erving families of preschool
children with special needs

Brooks Colquitt Grady Pelham City Thomas Thomasville City

KEY
✓ = Need identified by parent
X = Need identified by worker after completion of FNI

RESOURCE UTILIZATION CHECKLIST

Child's Name: Joe Hall

Date: 1/27/82

Parent's Name: Ann Hall

Completed by: M. Greene

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
	Ⓐ		Ⓑ			Ⓒ		Ⓓ
NUTRITION (IIA)								
WIC		✓						
Agricultural Extension		✓						
Other:								
HOUSING (IIB)								
Own		✓						
Rent	✓		✓		✓			
Living with others		✓						
Public		✓						
Other: Farmers Home Loan	X	✓	X				X	
CLOTHING (IIB)		✓						
FINANCIAL RESOURCES (IIC)								
Employment	✓		✓			✓		full time employment desired
AFDC	✓			✓			✓	
FOOD STAMPS	✓			✓			✓	
SOCIAL SECURITY	✓		✓		✓			for Sue and Mary
SSI		✓						
VA		✓						
CHILD SUPPORT	✓		✓		✓			for Joe
ALIMONY		✓						
WIN		✓						
Other:								
SUBTOTAL (Raw Score)	7	■	■	2	3	1	■	

RESOURCE UTILIZATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
HEALTH/MEDICAL/DENTAL: FAMILY (IID)								
Private Physician	✓		✓		✓			Dr. Thomas
Private Dentist	✓		✓		✓			Dr. Paris
Health Department		✓						
Medicaid		✓						
Medicare		✓						
Emergency Room		✓						
Health Insurance	✓			✓			✓	not available
Other:								
MEDICAL/HEALTH/DENTAL: CHILD (IID)								
Private Physician	✓		✓		✓			Dr. Thomas - when ill
Private Dentist	✓		✓				✓	never seen
Health Department	✗	✓	✗				✗	
Children's Medical Ser.	✓		✓		✓			
Emergency Room	✓		✓		✓			
Therapy:		✓						
Special Equipment		✓						
Medicaid		✓						
Health Insurance	✓			✓			✓	
Associations:		✓						
Other:								
SUBTOTAL (Raw Score)	9	■	■	2	5	0	■	

RESOURCE UTILIZATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
COUNSELING (IIE)								
Mental Health	X	✓	X				X	
Private Counselor		✓						
School Personnel		✓						
Psychiatrist		✓						
Psychologist		✓						
Preacher/Minister	✓		✓			✓		has used at times
Parent Groups	X	✓	X				X	for divorced parents
Other:								
ADULT EDUCATION (IIF)								
High School (G.E.D)		✓						
Vocational/Technical School	✓		✓				✓	wants to improve skills
College		✓						
Vocational Rehabilitation		✓						
Other:								
EDUCATION (CHILD)/CHILD CARE (IIF)								
School System		✓						
Public Preschool		✓						
Private Preschool	✓		✓		✓			Tender Arms Preschool
Babysitter		✓						
Relatives/Friends	✓		✓		✓			
Respite Care		✓						
Other:								
SUBTOTAL (Raw Score)	6			0	2	1		

RESOURCE UTILIZATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
TRANSPORTATION (IIG)								
Own vehicle	✓		✓		✓			not too reliable
Neighbor/Relative	✓		✓		✓			when needed
Public Transportation		✓						
Community Services		✓						
Other:								
OTHER:								
SUBTOTAL (Raw Score)	2			0	2	0		
SUBTOTAL PAGE 1	7			2	3	1		
SUBTOTAL PAGE 2	9			2	5	0		
SUBTOTAL PAGE 3	6			0	2	1		
SUBTOTAL PAGE 4	2			0	2	0		
TOTAL (Raw Score) →	24			4	12	2		
	x2			x2	x2	x1		
ADJUSTED SCORE →	48			8	24 +	2 =	$\boxed{26}$	

UTILIZED ÷ (# NEEDED − # NOT AVAILABLE) X 100 = PERCENT OF RESOURCE UTILIZATION

41 $\boxed{26}$ ÷ (48 − 8) = .65 X 100 = 65% 42

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STRENGTHS ?
NEEDS ?

Step 4: FAMILY NEEDS INVENTORY

The Family Needs Inventory (FNI) is the fourth step in the Family Assessment Process. When used in conjunction with the Family Assessment Process, both its usefulness and the validity of its results are greatly enhanced. The Family Needs Inventory can be used as a separate assessment tool, however.

The Child-Family-Community Project's Family Needs Inventory is a replication of similiar measures used by Gil Foley of the Family Centered Resource Project (Pennsylvania) and by Judy C. Adams of the Project of Early Education of Exceptional Children (Kentucky).

Purpose

The function of the Family Needs Inventory is to assist the staff member in identifying a family's strengths and weaknesses and to aid in the development of intervention strategies. Focusing on parent strengths as well as on needs helps the staff member to maintain a more balanced and positive perspective. When used periodically as an assessment tool, the Family Needs Inventory allows the staff member to monitor progress, determine program effectiveness and make appropriate programmatic changes. A thorough review of the type of information gathered in the first three steps of the Family Assessment Process and a recall of observations made in the home are necessary for the completion of the Family Needs Inventory.

Instrument Description

The Family Needs Inventory is a ten page instrument which is completed independently by the staff member. The family's strength and weaknesses are assessed in the following topic areas:

I. Information for Referral and Programming
II. Basic Needs
III. Skill Development and Implementation
IV. Emotional Factors
V. Circumstances in the Home
VI. Resistance to Services

There are one hundred nineteen items on the Family Needs Inventory. These items are categorized under the above six topic areas which in some cases are divided into subtopics.

An average score is derived for each topic and subtopic area which can then be recorded on the cover page of the instrument. The subtopic scores can also be profiled on the cover page to allow for ease in interpretation of the results.

Each Family Needs Inventory Form can be utilized with the same family up to four times with an initial (pre) test, two interim ratings and a final (post) test.

General Procedures

The Family Needs Inventory (FNI) is completed by the staff member(s) who has had the most direct and consistent contact with the family. The FNI is not completed with the family; instead it is completed independent of the family based on review of information collected previously. A thorough familiarization with the items included in the Family Needs Inventory is essential, since specific information must be collected and certain situations observed in order to assess accurately the family.

When rating the family, the staff member will use the term "parent" to denote the most significant caregiver(s) in the life of the child and the person with whom the staff member has had the most involvement. For example, a child lives with his/her grandmother and mother. The mother is employed during the day while the grandmother cares for the child at home. The staff member has had only limited contact with the mother, but has been able to gather the needed information and plans to provide intervention services through the grandmother. The Family Needs Inventory is then completed based on information obtained from and observations of the grandmother and her interactions with the child.

Specific Directions

1. The staff member should review and have readily accessible all pertinent information collected about the family (including, but not limited to, the completed Family Interview, Parent Questionnaire and Resource Utilization Checklist forms).

2. A space to enter the date and name of the person(s) administering the Family Needs Inventory (FNI) is provided on the cover sheet.

3. The FNI was developed to be administered and updated periodically. It is important to enter the date of the current rating period at the top of the appropriate column of each page and place all ratings in the corresponding column.

   For example:

		Dates 3/19/81	10/2/81			COMMENTS
IC.	PARENT PARTICIPATION - INTERVENTION STRATEGIES					
11.	The parent attends the Individual Education Plan (IEP) and/or Individual Family Plan (IFP) Meeting.	2	2			
12.	The parent communicates family objectives during the development of the IFP.	1	2			
13.	The parent communicates objectives for the child during the development of the IEP.	1	1			

4. The staff member should become familiar with the definitions of the possible ratings. For convenience, these definitions can be found in the top left corner of each page of the Family Needs Inventory. The ratings are:

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

The rating DNK (Do Not Know) should be utilized when needed, as opposed to guessing when rating the items. However, if there seem to be a high number of DNK responses (over 50% in any subsection), additional information about the family should be obtained before scoring the Family Needs Inventory. (Refer to the Evaluation Section of the manual for a discussion of the affect of DNK responses on reliability and interpretation of results).

There will be times, particularly in Topic I (Information For Referral/ Programming), when over 50% of the items in a subtopic will be scored NA. In these cases enter NA in the space provided for the subtopic Average Score. If more than 50% of the subtopic Average Scores are NA then the topic Average Score should be scored NA.

5. The staff member should turn to the first page of the Family Needs Inventory and begin rating items numbered 1-119 using the rating key found in the top left hand corner of each page.

   Items numbered 11-15 may be left blank until after an Individual Education/ Family Plan has been developed.

6. Each of the one hundred nineteen items on the FNI has been more thoroughly described in the manual on pages 39 through 47. It is recommended that frequent reference be made to these "Item Explanations" in order to provide an accurate rating of the family.

7. A comment section is provided to the right of each of the items for notations regarding relevant information.

8. Scoring - At the end of each subtopic is an area for deriving the subtopic Average Score. Add all ratings in the subtopic and place this number on the line designated as the subtopic total. This sum is then divided by the number of items found in the subtopic minus the total number of DNK and NA items, resulting in the subtopic Average Score. All scores should be rounded off to the nearest tenth (e.g. .49 to .5; 1.98 to 2.0). This score is then placed in the circle (○).

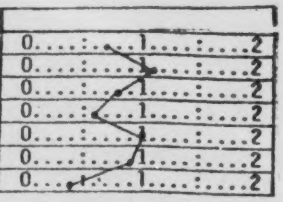
   Once each subtopic Average Score has been derived, the topic (I-VI) Average Scores can be computed by adding the subtopic Average Scores and dividing by the number of subtopics. This score is placed in the triangle (△).

For example:

	IC TOTAL →	7	9		
Subtopic →	IC TOTAL ÷ (5 - #DNK/NA ITEMS) = IC AVERAGE →	1.4	1.8	○	○
	TOTAL IA + IB + IC AVERAGE SCORES →	4.2	4.9		
Topic →	TOTAL I AVERAGE SCORES ÷ 3 = I AVERAGE →	1.4	1.6	△	△

Once all of the subtopic and topic Average Scores have been computed and recorded, transfer the scores to the appropriate space on the cover sheet. To visually illustrate the Average Scores, a staff member may use the space provided to graph the scores in order to form a profile of the family. To allow for discrimination between initial (pre), interim and final (post) tests, it may be helpful to use a different color ink each time.

II. BASIC NEEDS	.8				
A. Nutrition	.7				0....:....1....:....2
B. Shelter and Clothing	1.1				0....:....1....:....2
C. Financial Resources	.8				0....:....1....:....2
D. Medical Needs	.6				0....:....1....:....2
E. Home Environment	1.0				0....:....1....:....2
F. Community Resources	.9				0....:....1....:....2
G. Transportation	.4				0....:....1....:....2



9. Interpretation - The scores resulting after completing the Family Needs Inventory provide the staff members with a total picture of the family and a basis for identifying areas of intervention. A review of the profile on the cover of the Family Needs Inventory provides the staff member with a general impression of a family's strong and weak areas. There may be instances when a specific strength or weakness may not be apparent by reviewing the profile alone. It is necessary, therefore, to review specific items for a more in-depth analysis of the results.

The range of scores provided below can be used as a guide in the interpretation of the results of the Family Needs Inventory.

2.0 - 1.5 = low level of need for intervention
1.5 - .5 = moderate level of need for intervention
.5 - 0 = high level of need for intervention

The Family Needs Inventory was designed to be used to compare changes in one family over a period of time. If administered once every six months, each Family Needs Inventory form can be used over a two year period. The Family Needs Inventory is not to be used to compare one family with another.

The last three areas of the Family Needs Inventory, Emotional Factors (IV), Circumstances (V) and Resistances (VI), are useful in providing insight into family situations and attitudes which may be hindering the development of positive changes in the family.

CHILD
FAMILY
COMMUNITY PROJECT

Brooks Colquitt Grady Pelham City Thomas Thomasville City

FAMILY NEEDS INVENTORY

CHILD'S NAME Joe Hall DOB 11-26-76

SCHOOL DISTRICT Rural County CASE NO. 112

PARENT(S)/GUARDIAN NAME Ann Hall PHONE 555-1234

ADDRESS 123 Main St., Rural City

	INITIAL (PRE)	INTERIM	INTERIM	FINAL (POST)
DATE	2-1-82			
COMPLETED BY	Greene/Harris			

DIRECTIONS: After completing items 1-119 on pages 1-10 transfer the Average Scores to the corresponding spaces below. Space is provided to graph the subtopic Average Scores to form a profile. To discriminate between pre, interim and post ratings use a different color ink each time.

		SCORE				PROFILE
	Dates	2-1-82				
I.	INFORMATION FOR REFERRAL/PROGRAMMING	1.7				
	A. Participation - Evaluation	2.0				0....:....1....:....2
	B. Strengths and Weaknesses	1.2				0....:....1....:....2
	C. Participation-Intervention Strategies	1.8				0....:....1....:....2
II.	BASIC NEEDS	1.7				
	A. Nutrition	1.8				0....:....1....:....2
	B. Shelter and Clothing	2.0				0....:....1....:....2
	C. Financial Resources	1.6				0....:....1....:....2
	D. Medical Needs	1.5				0....:....1....:....2
	E. Home Environment	1.5				0....:....1....:....2
	F. Community Resources	1.6				0....:....1....:....2
	G. Transportation	2.0				0....:....1....:....2
III.	SKILL DEVELOPMENT/IMPLEMENTATION	.9				
	A. Behavior Management Skills	.8				0....:....1....:....2
	B. Creative Environment	.9				0....:....1....:....2
IV.	EMOTIONAL FACTORS	1.5				
	A. Parent Adjustment	1.5				0....:....1....:....2
	B. Motivation	1.8				0....:....1....:....2
	C. Attitudes	1.3				0....:....1....:....2
V.	CIRCUMSTANCES	1.3				0....:....1....:....2
VI.	RESISTANCES	2.0				0....:....1....:....2

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RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

I. INFORMATION FOR REFERRAL/PROGRAMMING

IA. PARENT*PARTICIPATION - EVALUATION

	Dates 2-1-82				COMMENTS
1. The parent willingly participates in the referral process.	2				mother requested assistance
2. The parent sees the need for assistance and gives consent for services.	2				
3. The parent contributes to intake through conference with worker.	2				
4. The parent assists with the completion of the family interview form by being receptive to questions and providing (apparent) accurate information.	2				
5. The parent participates in the assessment of the child's functioning (developmental, behavioral, social assessment, etc.).	2				provided useful information
IA TOTAL →	10				
IA TOTAL ÷ (5 - #DNK/NA ITEMS) = IA AVERAGE →	②	○	○	○	

IB. PARENT IDENTIFIES CHILD'S STRENGTHS AND WEAKNESSES

6. The parent makes realistic statements of child's abilities and limitations.	2				
7. The parent demonstrates an understanding of the child's handicapping condition and special needs or of the parent's own limitations and special needs.	1				doesn't seem to be aware of how her own emotional needs influence Joe
8. The parent encourages skills or tasks which capitalize on the child's strengths and facilitate his/her independence.	1				
9. The parent creates situations that enhance child's strengths and sets reasonable short term goals.	1				
10. The parent sets reasonable long term goals for the child anticipating future needs and planning accordingly.	1				
IB TOTAL →	6				
IB TOTAL ÷ (5 - #DNK/NA ITEMS) = IB AVERAGE →	1.2	○	○	○	

*Throughout this inventory the word parent will be used to identify the most significant caregiver(s) in the life of the child with whom the staff has direct and consistent contact.

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0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

IC. PARENT PARTICIPATION - INTERVENTION STRATEGIES	Dates 2-1-82				COMMENTS
11. The parent attends the Individual Education Plan (IEP) and/or Individual Family Plan (IFP) Meeting.	2				
12. The parent communicates family objectives during the development of the IFP.	1				
13. The parent communicates objectives for the child during the development of the IEP.	NA				
14. The parent indicates a willingness to set aside time to meet with the worker.	2				
15. The parent voluntarily provides information about home incidents which relate to child's educational program and/or family program.	2				
IC TOTAL →	7				
IC TOTAL ÷ (5 - #DNK/NA ITEMS) = IC AVERAGE →	1.8				
TOTAL IA + IB + IC AVERAGE SCORES →	5				
TOTAL I AVERAGE SCORES ÷ 3 = I AVERAGE →	1.7				

II. BASIC NEEDS

IIA. NUTRTIONAL NEEDS					
16. The parent provides a quantity of food to adequately meet the needs of the family members.	2				
17. The parent provides the quality of food to meet basic nutritional requirements.	2				
18. Special nutritional needs of the child are met. (If applicable)	NA				
19. Available snack foods are nutritious.	1				snacks on alot of "junk" food
20. Foods are prepared properly and stored safely.	2				
IIA TOTAL →	7				
II C TOTAL ÷ (5 - # DNK/NA ITEMS) = II A TOTAL →	1.8				

RATING
2 - Most of time, consistently, adequately
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0 Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

IIB. SHELTER AND CLOTHING

		Dates 2-1-82				COMMENTS
21.	The house is secure from inclement weather, pests or structural situations that would pose a safety hazard.	2				
22.	The home is clean and orderly and free from other situations which would pose a health hazard.	2				
23.	Plumbing facilities are available for personal hygiene and sanitation.	2				
24.	Space and furnishings are adequate to provide for eating, sleeping and other basic needs.	2				acquired furniture from 1st marriage
25.	The size of the home allows space for family members to interact comfortably and obtain privacy.	2				
26.	The amount of clothing per family member allows changes as necessary for cleanliness.	2				
27.	Family members dress appropriately for climate.	2				
	IIB TOTAL →	14				
	IIB TOTAL ÷ (7 - #DNK/NA ITEMS) = IIB AVERAGE →	2				

IIC. FINANCIAL RESOURCES

28.	Family income is sufficient to pay basic living expenses (food, shelter, clothing).	2				
29.	Income is sufficient to pay for a telephone, if desired.	2				
30.	Income or resources are available to pay for special needs (dietary, adaptive equipment, etc.).	NA				
31.	Costs for special services (PT, OT, speech, counseling) and medical bills can be met.	1				not eligible for medicaid no health insurance
32.	Funds or resources are available for child-care/babysitting services when required.	2				
33.	Funds are available for family recreation and leisure activities.	1				
34.	Money is budgeted and efforts are made to save funds for emergency future expenditures.	DNK				
	IIC TOTAL →	8				
	TOTAL ÷ (7 - #DNK/NA ITEMS) = IIC AVERAGE →	1.6				

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IID. MEDICAL NEEDS

	Dates 2-1-82				COMMENTS
35. Family members obtain any medical/dental services that are needed.	2				
36. Family members maintain good general health through preventive practice (routine check-ups, good hygiene, etc.).	1				unable to afford good routine care
37. Prescribed medication is administered consistently and properly.	DNK				
38. Children receive appropriate immunizations.	1				shots not up-to-date
39. Parent(s) recognize and respond appropriately to signs of illness and distress in family members.	2				
IID TOTAL →	6				
IID TOTAL ÷ (5 - #DNK/NA ITEMS) = IID AVERAGE →	1.5	○	○	○	

IIE. HOME ENVIRONMENT

[illegible] The family members spend quality time together (leisure, recreation, etc.).	1				
41. The family shares child care responsibilities.	2				
42. The family discusses problems together, shares in decision-making and deals with conflict in an open and purposeful manner.	1				
43. The parent gives positive expressions of contentment with marriage or present living situation (verbally or by actions indicating affection or respect, etc.).	1				recent divorce
44. Peer interaction is available for the child through siblings, neighborhood children, preschool programs, etc.	2				
45. The family agrees on and utilizes discipline methods which are appropriate to the child's age and the situation.	1				disagreement among family members
46. The home provides sensory stimulation (e.g., pictures, books, magazines, toys and games of varied colors, textures, etc.).	2				
47. Bed, meal and naptime routines are consistent and appropriate.	2				
IIE TOTAL →	12				
[illegible] TOTAL ÷ (8 - #DNK/NA ITEMS) = IIE AVERAGE →	1.5	○	○	○	

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	Dates 2-1-82				COMMENTS
IIF. COMMUNITY RESOURCES					
48. The parent is aware of available community resources.	2				
49. The parent identifies appropriate community resources when needed.	2				
50. The parent contacts community resources when appropriate.	1				
51. The parent utilizes community resources as needed.	1				
52. The parent has found community resource services beneficial and/or has followed their recommendations.	2				
IIF TOTAL →	8				
IIF TOTAL ÷ (5 - #DNK/NA ITEMS) = IIF AVERAGE →	1.6				
IIG. TRANSPORTATION					
53. The parent has available means of dependable transportation.	2				family car
5 The driver is physically, mentally and legally qualified to operate the vehicle.	2				
55. The parent is aware of transportation resources (public or private).	2				
56. Parents have resources (money, telephone, etc.) to utilize available public transportation.	2				
57. The parent initiates efforts to arrange transportation.	2				
58. The parent utilizes transportation services for the benefit of the family.	2				
IIG TOTAL →	12				
IIG TOTAL ÷ (6 - #DNK/NA ITEMS) = IIG AVERAGE →	2				
TOTAL IIA THRU IIG AVERAGE SCORES →	12				
TOTAL II AVERAGE SCORES ÷ 7 = II AVERAGE →	1.7				

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1 - Some of time, sporadically, skill is emerging
[illegible] Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

III. SKILL DEVELOPMENT/IMPLEMENTATION

IIIA. BEHAVIOR MANAGEMENT SKILLS

		Dates 2-1-82				COMMENTS
59.	The parent has general knowledge of behavior management techniques.	1				
60.	The parent uses behavior management techniques appropriately and consistently.	1				
61.	The parent uses discipline techniques appropriate to child's age and the situation.	1				
62.	The parent appropriately communicates approval/disapproval of behavior both verbally and non-verbally.	1				limited approval, mainly negative
63.	The parent redirects the child's attention to more appropriate activities to manage behavior.	0				
	IIIA TOTAL →	4				
	IIIA TOTAL ÷ (5 - #DNK/NA ITEMS) = IIIA AVERAGE →	.8	○	○	○	

[illegible]B. CREATES AN ENVIRONMENT WHICH IS CONDUCIVE TO LEARNING

64.	The parent structures the environment to allow for exploration (i.e. removes hazardous items from play area, play things are accessible to the child).	1				
65.	The parent talks to the child informally during the day.	1				does not seem to initiate conversation
66.	The parent responds verbally to the child's verbalizations and vocalizations.	2				
67.	The parent provides a variety of language stimulation in the home (i.e. stories, songs, rhymes).	1				Sue provides stimulation after school
68.	The parent adjusts language to the child's level of comprehension.	2				
69.	The parent names objects, activities and feelings for the child.	1				
70.	The parent occasionally permits the child to engage in "messy", "dirty" or "rough" play activities.	1				
71.	The parent uses routine activities for learning experiences (meal time, baths, shopping, etc.).	DNK				
72.	The parent uses common household items to develop play things.	0				mother said, "not necessary, has enough toys"
73.	The parent plans and implements learning activities appropriate to the developmental age and abilities of the child.	1				
74.	The parent breaks down an activity into manageable steps for the child.	0				

RATING
2 - Most of time, consistently, adequately
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0 - Very little, not at all, inappropriately, inadequately
[illegible] Not appropriate to this situation
DNK-Do not know, not observed

	Dates 2-1-82				COMMENTS
75. The parent gets the child's attention before beginning an activity.	0				
76. The parent maintains eye contact when talking with the child.	1				only when she's mad at him
77. The parent uses appropriate materials when playing with the child (i.e. rattle, mobile, blocks, balls, etc.).	2				
78. The parent allows the child to explore an object fully before asking him/her to do a specific activity with it.	0				
79. The parent demonstrates the task for the child.	0				
80. The parent allows child to engage in both task-oriented and pleasure-oriented play.	1				not much task-oriented play
81. The parent changes an activity when child becomes bored or frustrated.	1				
IIIB TOTAL →	15				
IIIB TOTAL ÷ (18 - #DNK/NA ITEMS) = IIIB AVERAGE →	.9	○	○	○	
IIIA + IIIB AVERAGE SCORES →	1.7				
TOTAL III AVERAGE SCORES ÷ 2 = III AVERAGE →	.9	△	△	△	

IV. EMOTIONAL FACTORS

IVA. PARENT ADJUSTMENT

82. The parent emphasizes the child's strengths and is patient with the child's limitations.	1				
83. The parent speaks positively when discussing the child's abilities and limitations.	1				
84. The parent appears comfortable and relaxed when relating to the child.	1				appears to become upset easily
85. The parent carries on the family routines in the "usual" manner.	2				
86. The parent allows the child to have a role in family activities (i.e., participate in family activities, assume responsibilities, etc).	2				
87. The parent meets the needs of other family members.	2				
IVA TOTAL →	9				
IVA TOTAL ÷ (6 - #DNK/NA ITEMS) = IVA AVERAGE →	1.5	○	○	○	

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	Dates 2-1-82				COMMENTS
IVB. MOTIVATION					
88. The parent has kept scheduled appointments with staff or others as arranged.	2				
89. The parent is willing to be flexible in his/her schedule to participate in activities such as appointments, skill development activities, etc.	2				is willing to arrange her schedule to include program
90. The parent sees the need for and agrees to seek assistance from community resources, as needed.	2				
91. The parent has followed recommendations from staff or other service agencies, physicians, etc.	2				
92. The parent appears interested in providing appropriate stimulation for the child (i.e., interaction, materials, carry out suggested activities, etc.).	1				
93. The parent independently initiates efforts to deal with needs as they arise (i.e., seeking community resources, discussing with family, etc.).	DNK				
IVB TOTAL →	9				
IVB TOTAL ÷ (6 - #DNK/NA ITEMS) = IVB AVERAGE →	1.8	○	○	○	

IVC. ATTITUDES					
94. The parent willingly provides information about the child and family (at intake, when discussing the IEP or IFP, etc.).	2				
95. The parent makes realistic statements about the child's abilities and limitations and sets goals accordingly.	1				
96. The parent views the child optimistically and focuses on his/her positive aspects.	1				
97. The parent is receptive to suggestions/recommendations concerning the child.	1				
98. The parent is willing for staff or other professionals to work with the child and/or family.	2				
99. The parent is willing for other members of the family to work with the child.	2				both daughters—especially Sue
100. The parent structures the home environment to encourage independence in the child (i.e., allowing for exploration, assigning responsibilities, etc.).	1				not given responsibility

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Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

	Dates 2-1-82				COMMENTS
101. The parent is able to respond to the child and others appropriately when confronted with a difficult situation (i.e., child acting out in public, questioning by strangers, financial or personal stress, etc.).	1				
102. Both parents agree that identified services are needed.	NA				
103. The parent makes statements which indicate that family members show concern for, are respectful of and are accepting of other family members.	1				
IVC TOTAL →	12				
IVC TOTAL ÷ (10 - #DNK/NA ITEMS) = IVC AVERAGE →	1.3	○	○	○	
IVA + IVB + IVC AVERAGE SCORES →	4.6				
AL IV AVERAGE SCORES ÷ 3 = IV AVERAGE →	1.5	△	△	△	

V. CIRCUMSTANCES

104. The family structure is stable (i.e., not transient, steady family composition, etc.).	2				
105. The child lives with both biological parents.	0				
106. The family has an income which is stable and is dependable month to month.	2				may change in the future (Child Support)
107. The current family situation is free from crisis (i.e., death, divorce, loss of job, alcoholism, etc.).	1				recent divorce
108. The adult family members discuss and share in decisions regarding financial matters.	NA				
109. Family situation does not affect parent/child relationship (i.e., number of children in household, age range of children, family health, etc.).	1				
110. Mental ability and emotional stability of the parent enables them to benefit from services.	2				
V TOTAL →	8				
V TOTAL ÷ (7 - #DNK/NA ITEMS) = V AVERAGE →	1.3	△	△	△	

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DNK-Do not know, not observed

VI. RESISTANCES

	Dates 2-1-82				COMMENTS
111. The parent's religious beliefs do not forbid acceptance of services.	2				
112. The parent's cultural background does not influence acceptance of services (i.e, social class, racial background, etc.).	2				
113. Internal and/or external pressures (i.e., family structure, peer pressure, self-esteem) do not act as a deterrent for services.	2				
114. The parent's misconceptions or misunderstandings about services do not discourage their involvement.	2				
115. The parent's own limitations or disability do not inhibit acceptance of services.	2				
116. The parent's work schedule does not prohibit the delivery of services.	2				
117. Availability of transportation does not influence the acceptance of services.	2				
1[illegible] Pressure from a service agency does not inhibit parental cooperation in the delivery of services.	2				
119. Guidelines of agencies which provide needed services do not prohibit the delivery of services (i.e., income level, target population, area served, etc.).	2				
VI TOTAL →	18				
VI TOTAL ÷ (9 - #DNK/NA ITEMS) = VI AVERAGE →	2.0				

NOTES:

FAMILY NEEDS INVENTORY

ITEM EXPLANATION

I. INFORMATION FOR REFERRAL/PROGRAMMING

IA. Participation-Evaluation

1. The parent need not have initiated the referral but needed to have been aware that a referral was being made and agreed to it. (When completing interim and post-test questions please place NA in scoring space.)
2. Although the parent may not be able to identify or verbalize the child's or his/her needs the parent needs to indicate an awareness that assistance would be helpful.
3. This item involves not only cooperating with the worker to complete intake information but also keeping appointments and being prompt for the appointments. (When completing interim and post-test questions please place NA in scoring space.)
4. The parent should provide important and accurate information which would be pertinent to the evaluation and treatment process. (When completing interim and post-test questions please place NA in scoring space.)
5. The parent should provide important and accurate information pertinent to the evaluation process. (If child is not being evaluated at the time of this assessment please place NA in scoring space.)

IB. Strengths and Weaknesses

6. The parent's statements about the child's abilities correlate to current evaluations and observations.
7. The parent indicates an awareness of either the child's and/or his/her own limitations and the influence that these may have on the family's everyday life.
8. The parent encourages the child to do things for him/herself and to take a part in activities which build on his/her strengths.
9. The parent identifies immediate (within the next six months) areas of need and initiates plans for attaining these goals in the near future (i.e., toilet-training a child during summer months anticipating preschool placement in the fall, etc.)
10. The parent identifies future areas of need and makes plans accordingly (being aware of local services which may be needed in the future such as: public school, training centers, nursing homes, etc.).

IC. Participation-Intervention

11. All efforts should be made to schedule Individual Education Plan Meetings and/or the Individual Family Plan Meetings at a time and place convenient for the parent.
12. During the completion of the Individual Family Plan does the parent communicate family objectives? If the family objectives were discussed fully prior to the staffing this may be considered if the parent assists with prioritizing the objectives when completing the IFP.

13. During the completion of the Individual Education Plan does the parent communicate objectives? If the parent stated at an earlier time specific goals he/she wished the program to address then this may be considered.
14. The parent indicates that he/she is willing to meet with the staff member and sets aside time to do so.
15. When appropriate, the parent shares useful information with the worker ("Mary learned to count to five all by herself last week!", "My husband lost his job and I may have to go to work.").

II. Basic Needs

IIA. Nutritional Needs

16. The parent provides enough food so that the family does not go hungry.
17. The parent provides meals for the family which meet the generally accepted requirements for good nutrition (protein, vegetables, bread, milk, etc.)
18. If the child has specific dietary requirements, the parent is able to meet those needs and provide nutritious food within those guidelines.
19. The foods (drinks included) which the family members snack on are, for most part, nutritious in nature (i.e., fruit as opposed to candy).
20. The parent safely stores food (mayonnaise in refrigerator, foods wrapped up, etc.) and they are prepared properly (using clean utensils, baby formulas mixed correctly, etc.).

IIB. Shelter and Clothing

21. The home is sufficiently protected from wind, rain, cold weather, animals (rats, snakes, etc.) and appears to be structurally sound.
22. In addition to being clean and orderly, the home is free from other situations which may pose health hazards such as open fires, rodents running freely, food left open on the table or counter, etc.
23. Plumbing facilities are available for bathing, bathroom needs, cleaning of dishes, etc. and laundry facilities are nearby and accessible.
24. Each family member has an assigned place to sleep and it is adequate for that purpose. A determined place for eating meals is sufficient and consistent.
25. The home is large enough for individual family members to be able to interact privately and comfortably. When it is necessary for a family member to be alone for a brief time there is a place where that member can go without the other members having to leave the home.
26. Although clothing may not be of top quality, there is enough clothing per family member to allow for a clean change between washings.
27. The family members have suitable and sufficient clothing to keep them warm in the winter and cool in the summer.

IIC. Financial Resources

28. Family income should pay for basic food, shelter and clothing needs. It is assumed that AFDC or Food Stamps provides sufficient income to meet these needs.
29. If the family desires a phone in the home they have the income to pay for the installation and monthly charges which accompany a phone. If the family does not desire a phone score NA.
30. If there are no special needs, place a NA in the scoring space. It is assumed that programs such as WIC, Medicaid, Medicare, etc. provide for these needs.
31. Some of these costs are provided for if the family has medical insurance or is served by a state health agency (Children's Medical Service), Medicaid or by a local health department.
32. When babysitting services are necessary, the parent either can afford to pay someone to care for the children or has family or friends that they can depend on to care for the children. Free or affordable day-care is available for parents who work or go to school or when needed.
33. The parent has the opportunity occasionally to go out with or without the child and can afford the additional expense of doing so (i.e., movies, trip to restaurant, amusement park, travel expenses, etc.).
34. The family makes efforts to save a little money when possible for future expenditures and emergency needs.

IID. Medical Needs

35. When medical or dental services are needed by family members they are obtained and recommendations are followed.
36. Preventive practices are followed by the family to maintain good general health (such as,receiving routine check-ups, brushing teeth, dressing appropriately for the weather, etc.).
37. When a family member has medication prescribed the medication is taken at the appropriate times, in the proper dosage and for the duration of the prescribed time.
38. The children's shots are up to date.
39. The parent is able to recognize and respond appropriately to signs of illness and distress (administering medication, calling the physician, applying first aid when needed, talking with a counselor, etc.) in family members.

IIE. Home Environment

40. Together the family members plan activities, spend leisure time and seem to enjoy each others company.
41. Family members take part in caring for the child(ren). Older children are given responsibilities, appropritate for their age, for younger siblings. This can include members of the extended family.
42. The family members openly discuss problems, decisions and areas of conflict in a manner which will lead to mutually agreeable resolutions.
43. The parent indicates through conversation or by actions that he/she is happy and content with his/her present living situation.
44. The child is able and allowed to interact with other children of similiar age either through siblings, relatives, neighborhood children or a preschool program.

45. The family members agree most of the time on discipline methods which are appropriate to the child's age and the situation.
46. There are books, magazines and various toys and games available to the child which are appropriate to his/her age. There need not be a large amount of these materials to rate 2 but there needs to be enough to allow for stimulation.
47. Times are set and are followed consistently for bed, meal and nap-time routines. The child knows that these events will take place consistently and can depend on this structure for security.

IIF. Community Resources

48. The parent has a general knowledge of the services available through local agencies.
49. When needed, the parent can identify an appropriate agency or knows where to go to obtain this information.
50. When needed, the parent makes contact with the identified appropriate service agency.
51. When needed, the parent utilizes those services which the parent and/or others feel are needed.
52. Once the parent has utilized these resources he/she has found them to be of benefit and/or has followed their recommendations.

IIG. Transportation

53. The family has in its possession or readily available to it (close friend, neighbor, relative) a dependable means of transportation.
54. Whoever usually provides transportation for the family members is physically, mentally and legally qualified (possesses a valid drivers license) to operate the vehicle. It is assumed the drivers of private and public vehicles (taxi, Community Action Van, etc.) are qualified.
55. The parent is aware of other resources which provide transportation in the community (taxi, Community Action Council, Medicaid, etc.) whether or not they need to use the transportation services on a regular basis.
56. The parent would be able to make use of these transportation services because of resources available to him/her (money, telephone, etc.).
57. When necessary, the parent initiates efforts to arrange for transportation services by making necessary contacts and/or arrangements.
58. The parent utilizes transportation services or his/her own transportation for the benefit of the family (such as keeping doctor's appointments, taking the children with him/her for necessary purposes, etc.) and not just for the parent's own personal benefit (trip to town, etc.).

III. SKILL DEVELOPMENT/IMPLEMENTATION

IIIA. Behavior Management Skills

59. The parent understands the need for a child's behavior to be managed and has general knowledge of appropriate discipline methods.

60. The parent utilizes his/her knowledge of behavior management and applies techniques as necessary and promptly.
61. The discipline/management techniques used with the child are appropriate to the age of the child and to the situation. This may require educating the parents in child development to facilitate setting realistic expectations.
62. The parent lets the child know verbally (praising) and non-verbally (hugs, smiles, rewards, etc.) when he/she has done something well. Disapproval is communicated verbally (scolding, etc.) and non-verbally (frowning, spanking, restrictions) as is appropriate for the situation.
63. The parent diverts the child's attention from one activity to a more appropriate activity in order to avoid a potential behavior problem.

IIIB. Creates an Environment Which is Conducive to Learning

64. The home has hazardous items or situations removed or protected from the child's reach so that he/she can explore without constant supervision and toys are within the reach of the child.
65. During the day the family talks with the child about what they are doing, where they are going, what the child sees on television, where other family members are, etc.
66. When the child vocalizes, asks questions or makes comments during the day the family members react by imitating, answering his/her questions, responding to his/her comments, etc.
67. The parent reads stories to the child, sings songs, tells the child rhymes, etc. in an effort to help the child learn and develop language skills.
68. When the parent talks with the child he/she does so in words which are easily understood by the child. This does not mean talking to the child in "baby-talk".
69. During the day and while looking at television, books, magazines, etc. the parent names objects, activities and feelings for the child to increase his/her vocabulary and understanding of the world around him/her.
70. The child is occasionally allowed to play outside and get dirty or messy and is allowed to play games which are "boisterous" or "rough" in nature. These are normal activities for young children to be involved in and the family allows these behaviors to occur, when appropriate.
71. The parent talks to the child and uses activities such as mealtime, bedtime, bathtime, driving in the car, shopping to teach basic skills such as names of objects, colors, counting, etc.
72. The parent uses common household items to develop toys or games (egg carton for sorting, different sizes of plastic bottles and containers for use in the bathtub, etc.).
73. The activities the parent uses with the child to help him/her learn and expectations are appropriate to the developmental age of the child.
74. The parent assists the child in the learning of a new activity by breaking down the task into small steps to be learned one at a time until the entire task can be completed independently.

75. The parent makes sure to have the child's attention before beginning an activity. This would involve finding a place in the home with limited distractions, devoting the time to complete the activity with the child, determining the length of time the child will be able to maintain attention, etc.
76. When talking to the child the parent maintains eye contact with the child, even if the child does not maintain eye contact with the parent.
77. When playing with the child the parent uses materials, toys and games which are appropriate to the developmental age of the child and his/her skill level.
78. When presenting a new object to the child the parent allows the child to explore it fully before expecting the child to perform a specific task with it.
79. When presenting a new task for the child to do the parent models or demonstrates the activity for the child to help the child to understand what is being asked of him/her.
80. The parent allows the child to be involved in both activities which are just for fun and activities to help the child learn. The parent understands the importance of both having a good time and providing a good learning environment.
81. When the child becomes bored and/or frustrated, the parent is sensitive to this and changes the activity to avoid possible inappropriate behavior problems or stress for the child.

IV. EMOTIONAL FACTORS

IVA. Parent Adjustment

82. The parent plans activities which emphasize the child's abilities and strengths and is understanding and patient with the child's limitations. This does not mean that the parent pushes the child beyond his/her ability or that the parent allows the child to become dependent on him/her.
83. When the parent discusses the child it is usually positive in nature and although the parent may acknowledge limitations it is in a positive tone.
84. When the parent is dealing with the child or in the presence of the child the parent seems to be comfortable and relaxed with his/her role as a caregiver.
85. The parent follows through with the "usual" activities (cleaning, shopping, cooking, getting out occasionally, etc.) and routines (preparing meals, getting necessary sleep, etc.) and does not allow the presence of the child to disrupt these activities more than would be expected.
86. The child accompanies the family on outings (grocery store, picnics, visiting friends and relatives, etc.) and is expected to assume some responsibilities in the daily routine of the home.
87. If the child is very young and demanding or has special needs which must be met, the parent can meet these needs and still also provide adequately for the daily care of other family members. It is reasonable to assume that one parent alone may not be able to handle all situations but this would include the assistance of all of the family members.

IVB. Motivation

88. When appointments have been made with staff or with others (doctors, agency personnel, etc.) appointments are kept unless a situation arises which causes the cancellation of the appointment. In these infrequent cases in which an appointment must be broken, the parent makes an attempt to notify the person with whom the appointment was made.
89. The parent indicates a willingness to be somewhat flexible in arranging a time to participate in appointments, activities, etc. This may involve meeting during a lunch hour, meeting on an afternoon off, etc.
90. The parent understands the necessity of seeking assistance from community resources, as appropriate, and agrees to follow through with contacting resources and keeping appointments.
91. Once a parent has made contact with an agency the parent follows their recommendations, when appropriate. This may include the parent seeking a second opinion before making a decision to follow the recommendations made.
92. The parent has an understanding of the importance of spending time with the child (playing, talking, practicing new skills) and is interested in learning new activities and ways to work with his/her child.
93. When a situation arises requiring action (need to contact a community agency, need to seek medical assistance, etc.) the parent is able to deal with the situation and is not dependent on staff, agency personnel or other family members to handle the situation for him/her.

IVC. Attitudes

94. The parent appears willing to share information about the child or family situation which would be important to the child's program or the family plan.
95. The parent appears to make statements which are realistic regarding what the child is and is not able to do and sets goals according to the knowledge.
96. When discussing the child, the parent expresses a positive and optomistic attitude. During difficult times the parent makes an effort to maintain a positive outlook.
97. When staff or agency personnel offer suggestions or make recommendations concerning the child, the parent appears receptive and takes them into consideration. The parent need not follow every suggestion made but needs to demonstrate a willingness to listen and take them into consideration.
98. The parent expresses a willingness to cooperate and appears comfortable when others are working with his/her child.
99. The parent allows other members of the family to become involved in the education and in playing with the child.
100. The parent understands the importance of arranging the home so that a child can explore without constant attention. The parent also knows the importance of encouraging their children to be independent and responsible.
101. When a difficult situation arises (unnecessary questions by strangers, child misbehaving in public, financial problems, crisis in the family, etc.) the parent is able to cope with the situation while maintaining enough composure to respond appropriately to the child.

102. Both parents (in an extended family situation this would include the adults which have an effect on the life of the child) agree that the services provided by the program and others identified as being necessary (speech therapy, physical therapy, etc.) are needed. (If a single parent home with no other adult members place NA in scoring space).

103. By listening to the parents statements and observing interactions between members of the family it is apparent that they are concerned for, respectful of and accept each other as they are.

V. CIRCUMSTANCES

104. The family structure is relatively stable (family does not move numerous times during the year, family composition does not change frequently) which allows the child to develop some feeling of security.

105. The child lives with both the natural mother and father. (If child was adopted as an infant score as if the parents are "natural" or "biological".)

106. The family income remains relatively consistent month to month and can be depended on to be regular (as opposed to seasonal work, etc.).

107. The current family situation is not in a state of tension and turmoil as a result of a death in the family, a recent divorce, loss of job, etc.

108. The adult family members openly and constructively discuss important family financial matters. One parent may make most of the financial decisions but other members are given an opportunity for input.

109. Circumstances in the home allow for the establishment of a good parent-child relationship. Situations which may hinder the development of such a relationship include: large number of young children, large number of children of any age, one parent homes where the parent must perform many duties, work schedule of the parent, poor health of other family members, etc.

110. The parent is mentally and emotionally able to understand, participate and benefit from the services offered by the program.

VI. RESISTANCES

*The following items are stated in a negative fashion to allow the items to be scored as the other items on this instrument are. It is important to keep in mind this reversal in scoring procedure when completing this section.

111. The parent's religious beliefs or teachings do not inhibit the acceptance of services offered by staff or agency personnel.

112. The parent's social class, background or race do not influence their acceptance of staff or services offered by agencies. This may include the attitudes of other family members if they have an influence on the parent.

113. Pressures stemming from the family structure, peer or family pressure, feelings of self-esteem do not seem to act as a deterrant to services offered by staff or agency personnel.

114. Any misunderstandings or misconceptions the parent may have about services offered by staff or agency personnel do not discourage the acceptance of services.

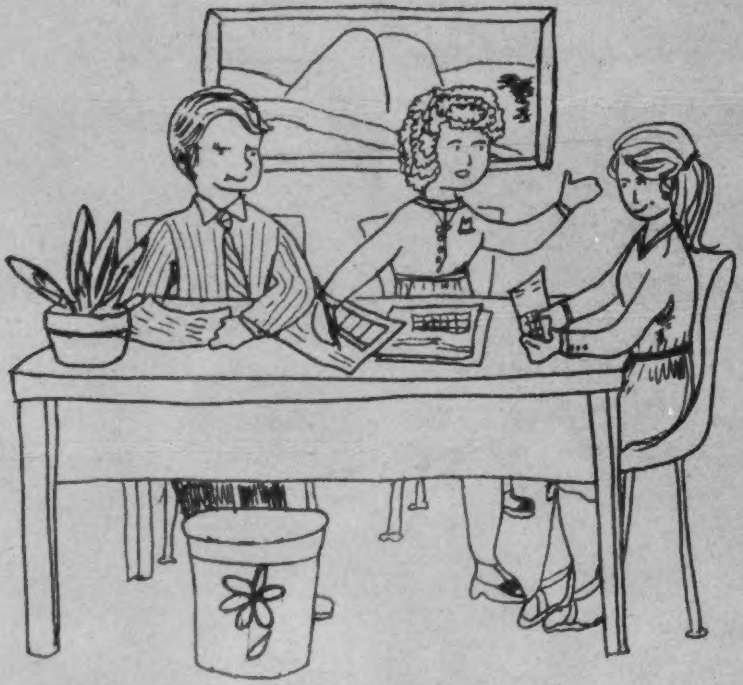
115. The parent's own limitations (mental or emotional) do not inhibit the acceptance of services from staff or agency personnel.

116. The work schedule of the parent does not prohibit the delivery of services by staff or other agency personnel.

117. The availability of transportation does not inhibit the receiving or acceptance of services from staff or agency personnel.

118. Pressure from a service agency to participate (i.e., services being required as a part of a Protective Services contract) does not inhibit parental cooperation in the delivery of services by staff or other agency personnel.

119. Financial, geographical, etc. guidelines of agencies which provide needed services to the family and/or child do not prohibit the delivery of services.



Step 5: INDIVIDUAL FAMILY PLAN

The Individual Family Plan is the fifth and final step in the Family Assessment Process. Many programs utilize a similiar method to specify individual program objectives (Individual Education Plans, Individual Program Plans, Treatment Plans, etc.) for their clients. As the end result of the Family Assessment Process, the Individual Family Plan is developed using information gathered in steps one through four. It would be possible to use the Individual Family Plan independently if other methods of collecting necessary information were implemented.

Purpose

The Individual Family Plan is a contract between the parent and staff member. The plan outlines prioritized objectives according to mutually identified needs. It delineates the responsibility for meeting the objectives between the parent and staff within a specific time frame. The Individual Family Plan is designed to measure how well objectives are met by both parents and staff.

Instrument Description

The Individual Family Plan is a one-page agreement developed by the parent and staff member outlining proposed objectives. The form includes six columns with the following headings: Objectives, Staff Responsibility and Resources, Parent's Responsibility, Criteria for Achievement, Target Date and Outcome. An Outcome code key is printed on the form to assist in determining how well the proposed objectives were met. Space is provided for parent and staff signatures. It is recommended that the Individual Family Plan be printed on carbon-less (NCR) paper to facilitate distribution.

General Procedures

The Individual Family Plan is a contract and should be developed with the person with whom the staff member has had the most direct contact and with whom the staff member plans to continue working. Identified areas of need are based on information collected in the first four steps of the Family Assessment Process. These areas of need are listed, reviewed and prioritized with the parent. The Individual Family Plan provides a well-defined "plan of action" with specific objectives, assigned responsibilities and target dates for meeting these objectives.

By signing the Individual Family Plan, the parent and staff member enter into a written contract agreeing to work together to meet the stated objectives.

Specific Directions

1. Prior to completing the Individual Family Plan, the staff member should review thoroughly all intake information. When the staff member is using the complete Family Assessment Process, this information includes: the Family Interview Form; the Parent Questionnaire; the Resource Utilization Checklist; the Family Needs Inventory; and notes regarding observations and information collected from other agencies or programs, i.e., medical records, educational plans, etc.

2. It is helpful to make a summary list of the areas of need to review with the parent. These needs can be coded, if identified from the Parent Questionnaire, the Resource Utilization Checklist or the Family Needs Inventory. (For example,

a need for a home behavior management program would be coded IIIA).

The staff member should explain to the parent how the areas of need on the summary list were obtained (based on input from the Parent Questionnaire, according to information from the Resource Utilization Checklist, etc.) and give the parent an opportunity to discuss, ask questions about or specify his/her own concerns. This step may be done by allowing the parent to define more thoroughly the areas of need as he or she views them and by encouraging the parent to add any areas which he or she feels may be needed. Areas of need may be omitted from the summary list if the parent and staff member decide that the need no longer exists or if the parent does not agree with the identified area of need. (See Figure 3)

3. To assist in the explanation of the Individual Family Plan, the different columns have been labeled Column A, Column B, etc. to correspond to the sample form found on page 50. It is recommended that the reader refer to the sample form when reading this section.

COLUMN A: OBJECTIVE - Written objectives are formulated with the parent that list and prioritize those areas of need which have been identified. Add the code(s) as explained in #2. It may be helpful to refer to the section of the manual entitled "Suggestions/References/Organizations" found on page 51 to assist in the formulation of these objectives. The objectives should state a specific desired outcome as opposed to a generalized goal.

COLUMN B: STAFF RESPONSIBILITY AND RESOURCES - Responsibilities of the staff are specified and methods, materials and resources, etc. to be used should be included.

COLUMN C: PARENT'S RESPONSIBILITIES - Responsibilities of the parents are outlined, taking into consideration the parents ability and situation to avoid frustration and enhance independence.

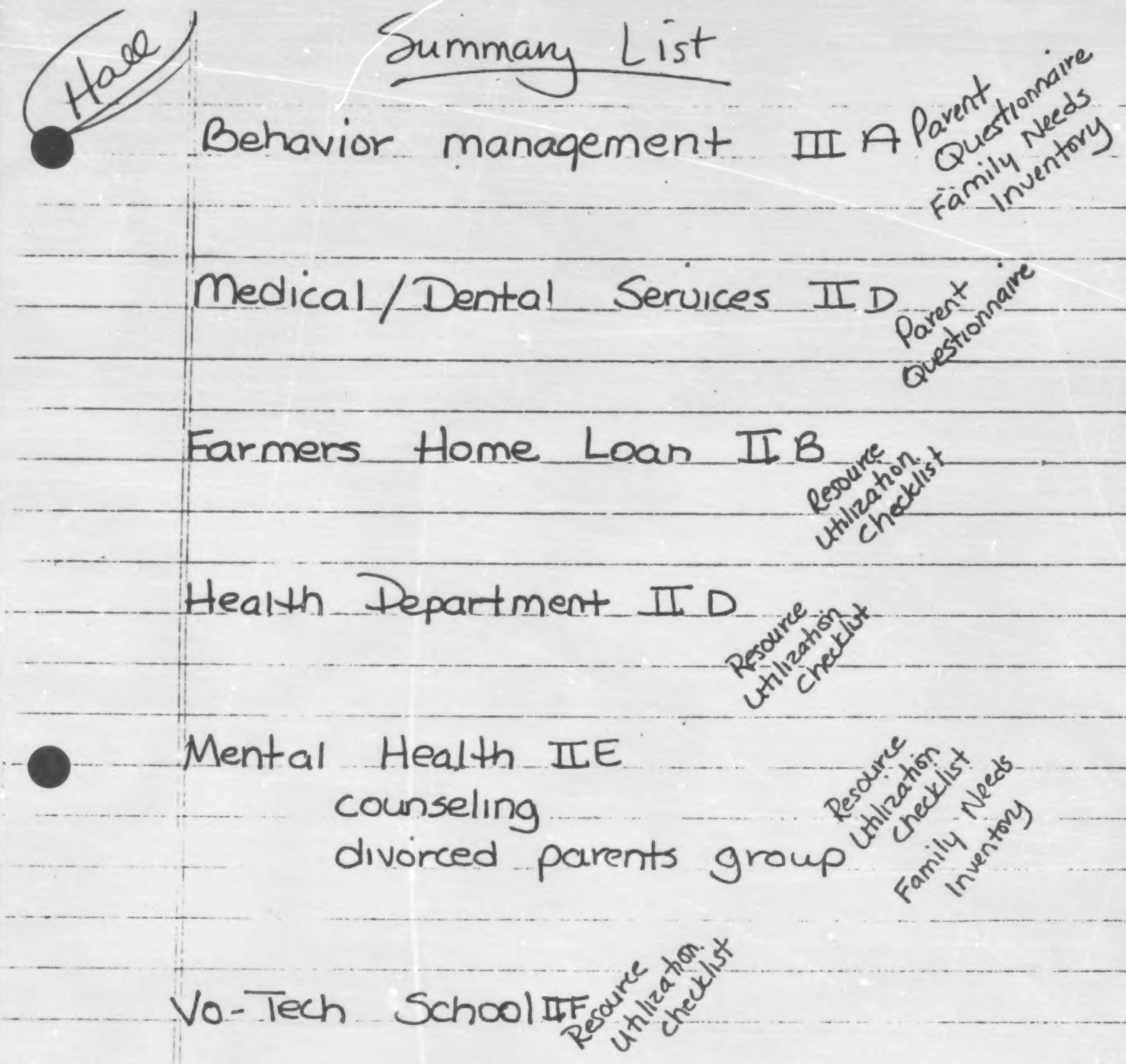
COLUMN D: CRITERIA FOR ACHIEVEMENT - The expected behaviors as a result of the intervention are written down in measurable terms so that when the Individual Family Plan is reviewed it can be determined if the objectives were achieved. Column A, B and C are used to develop the criteria for achievement.

COLUMN E: TARGET DATE - The date that each of the Criteria For Achievement (Column D) is expected to be completed is entered. This helps the staff and parent in setting up a timeline for working together.

COLUMN F: OUTCOME - The staff member and parent determine the degree to which each objective is met at six or twelve month intervals. This information is recorded using the code found at the bottom of the Individual Family Plan and/or by writing comments. If a new Individual Family Plan is being developed the staff member and parent discuss which objectives need to be continued on the new plan.

4. A date to review the objectives in the Individual Family Plan is determined according to program guidelines (usually six or twelve month intervals).

5. The Individual Family Plan is signed by both the parent and staff member and a copy is given to the parent.



Hall

Summary List

Behavior management III A Parent Questionnaire Family Needs Inventory

Medical/Dental Services II D Parent Questionnaire

Farmers Home Loan II B Resource Utilization Checklist

Health Department II D Resource Utilization Checklist

Mental Health II E Resource Utilization Checklist Family Needs Inventory
counseling
divorced parents group

Vo-Tech School II F Resource Utilization checklist

FIGURE 3

INDIVIDUAL FAMILY PLAN SUMMARY LIST

CHILD
FAMILY
COMMUNITY PROJECT
Brooks Colquitt Grady Pelham City Thomas Thomasville City

INDIVIDUAL FAMILY PLAN

CHILD'S NAME: Joe Hall
PARENT(S) NAME: Ann Hall
ADDRESS: 123 Main Street
Rural City
SCHOOL/DISTRICT: Rural County

DATE: February 9, 1982
REVIEW DATE: February 1983
PARTICIPANTS: Ann Hall, parent
Olivia Harris, worker
Margaret Greene, worker

OBJECTIVE Ⓐ	STAFF RESPONSIBILITY AND RESOURCES Ⓑ	PARENT'S RESPONSIBILITY Ⓒ	CRITERIA FOR ACHIEVEMENT Ⓓ	TARGET DATE Ⓔ	OUTCOME Ⓕ	
					CODE	COMMENTS
① Improve Joe's behavior at home through parent instruction re: behavior management skills (II A)	① a) Provide information - Staff Library, staff b) Model appropriate methods of beh. man. c) Set up home program (increase parent-child interaction and positive comments, decrease in-appropriate comments)	① a) Review information b) Meet regularly with staff and be available to observe staff-child interaction c) Meet with staff to assist in setting up program and follow through	① a) Information will be provided and reviewed b) Modeling provided and parent observations made on a regular basis c) Increase positive parent child interaction, increase positive comments and decrease negative comments	① a) 3/82 b) 2/83 c) 2/83		
② Improve mother's shorthand and bookkeeping skills (II F)	② Provide information re: enrollment, tuition and scheduling at Vo-Tech	② Follow through as appropriate	② Mother makes decision whether or not to enroll in Vo-Tech	② 6/82		
③ Increase awareness of medical services available locally (II D)	③ Provide information re: low cost medical/dental services through Public Health Dept.	③ Follow through as appropriate	③ a) Mother contacts Health Dept. as needed b) Joe's immunizations up-to-date for school	③ a) 2/83 b) 8/82		
④ Increase awareness of Single Parent Support Services (II E)	④ a) Provide information re: Divorce Adjustment groups availabe through Mental Health and local church b) Make available materials through staff library.	④ a) Follow through as appropriate b) Request materials as needed	④ a) Mother contacts local agency as she feels appropriate b) Materials provided as requested	④ a) 4/82 b) 2/83		

I was invited to participate in the writing of this plan. I agree to work towards achieving these objectives.

Ann Hall
PARENT SIGNATURE

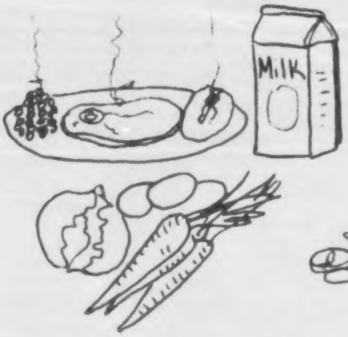
2/9/82
DATE

72
Margaret Greene
STAFF SIGNATURE

2/9/82
DATE

OUTCOME CODE
2 - Achieved
1 - Partially achieved
0 - Not achieved
NP - Not possible

73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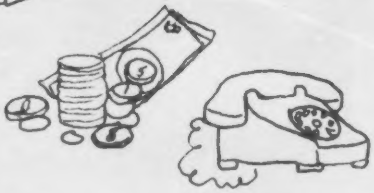

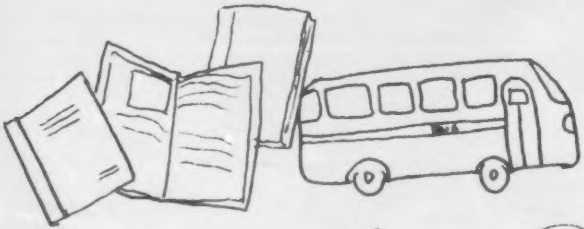

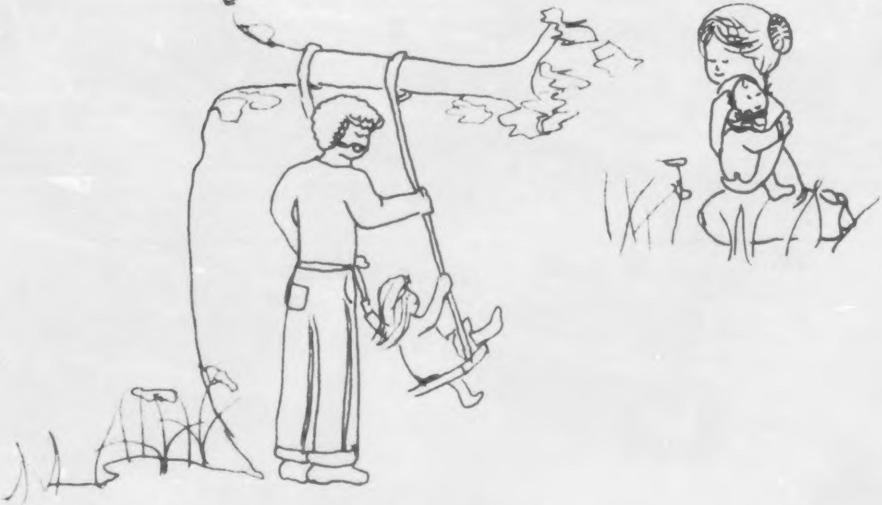

SUGGESTIONS FOR WORKING WITH FAMILIES

This section of the Family Assessment Process Manual has been included to provide assistance in the development of objectives and intervention strategies for working with children and families. Although the Child-Family-Community Project utilized the Family Assessment Process to evaluate families with preschool-age children with handicapping conditions, attempts have been made to include information which would be useful when working with any family. This section is organized numerically by the same coding system as found in the fourth step of the Family Assessment Process, the Family Needs Inventory. The suggestions listed provide basic advice and recommendations for developing the objectives on the Individual Family Plan(pages 52-60).

REFERENCES

This section contains a list of books, pamphlets, audio-visual materials, kits and curricula listed alphabetically by topics. The references listed are primarily for use with preschool children(pages 61-73).

NATIONAL ORGANIZATIONS

This is a list of organizations that work with people with various handicapping conditions. The organizations are listed in alphabetical order (pages 74-77).

SUGGESTIONS FOR WORKING WITH FAMILIES

I. INFORMATION FOR REFERRAL/PROGRAMMING

I. General Information

Sections IA, IB, and IC build on each other. Read through the recommendations of all three of these sections before beginning IA. If IA is done well and the parents have a good understanding of what you and the parents will do together concerning the child, information needed in IB and IC will be easier to obtain.

IA. Parent participation - Evaluation

Be sure the parents have a clear understanding of your program and the services being offered.

The parents should understand the importance of the information you are getting from them and why you need this information.

If the program is an optional service, be sure the parents understand they do not have to participate.

Fully explain Children's/Parents' Rights (Due Process).

Parents often feel nervous about an assessment, get them involved in the process. Listen to what the parents say about their child's abilities.

IB. Parent Identifies Child's Strengths & Weaknesses

Help the parents be aware of the things a child the age of theirs should be doing (See References). This helps the parents see what their child does well. It also causes the parents to pay attention to and observe what the child is or is not doing.

Parents must have a good understanding of the assessment and the results. It is important for the parents to be involved in the assessment process. Discuss how their child's development compares with regular development so they will have an idea of where their child is functioning.

If the child is not doing what (s)he should be doing, help the parents set short term goals in the area of delay. This will encourage and lead to long term goals and/or future plans for the child.

Become very aware of things the parents need help with themselves.

*Be familiar with and make available to parents materials concerning the child's handicap.

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*Relates to children with a handicapping condition.

*If needed, help parents find a specialist or a program that can diagnose or evaluate the child adequately. Parents need all information possible about the child's handicap.

*Encourage parents to visit programs that may best serve their child's need.

IC. Parent Participation - Intervention Strategies

Set aside a specific time to meet at the parents' convenience.

The worker should be prompt for appointments.

Start the session with general conversation, make sure the parents and/or child are ready to work.

Listen attentively to the parents; ask at a later appointment about something you discussed or asked the parent to do at an earlier meeting. This lets the parents know you think their input is important and that you are interested.

Encourage the parents to prioritize the needs that have been identified.

If the parents are made to feel good about the program and are encouraged to participate in the intake, they will feel comfortable communicating objectives for both the child and the family.

If possible, conduct the IEP (Individual Education Plan) and IFP (Individual Family Plan) meeting at a time and place convenient to the parents. If your program works only with parents, (no IEP is being carried out), parent participation is crucial to the development of the IFP. This staffing should be taken to the parents.

Prepare the parents for the IEP staffing-what it will be like, who will be there and why. Remind them they have the right to participate and help plan the child's program. Because of Due Process procedures, you may not be able to take the IEP staffing to the parents.

II. BASIC NEEDS

General recommendations/information

Know the agencies and services available in your community. Know if the agency has eligibility requirements and if so, what they are.

Learn the names of persons in charge of the services you need in each agency and the hours the agency is open. When possible, make a personal contact, initially, with agency people with whom you will work.

Know the civic organizations that are in your community. Be familiar with the services and/or financial aid they provide.

Welfare or Human Resource Agencies often have knowledge about services other agencies provide. This is a good initial contact in a new community.

*Know the special service agencies set up to deal with handicapping conditions. Know what support they offer, and the eligibility requirements for their services.

IIA. Nutrition

Determine the family's ability to buy food:
Is there enough money?
Can they plan wisely and/or spend money wisely?
Know the procedure for getting Food Stamps in the community.

Parents may need to be taught good nutrition, best ways to use money and Food Stamps, proper preparation and storage of food, etc. It may be necessary to take the parents to the grocery store and model the above skills.

Emergency food may be found from: Red Cross, Salvation Army, churches, Welfare agency (emergency Food Stamps), Community Action Council, donations from grocery store, etc.

*Children with handicapping conditions may require the special help of an Occupational Therapist to provide the parents with more appropriate feeding techniques.

*A child with a special diet may need help from a physician, hospital food program, nutritionist (public or private source) etc. This may be a time for you to help the parent understand how to follow dietary programs.

Some agencies and programs that may provide nutritional guidance and/or help obtaining food are: Public Health Department (WIC - Women, Infant, children), Welfare Agencies, (Food Stamps, homemaker), Adult Education Programs through local schools, hospital programs, etc.

IIB. Shelter and Clothing

Low rent housing may be needed. The Public Housing Authority is your best resource. Other low cost housing agencies to investigate: HUD housing (Housing and Urban Development), FHA (Federal Housing Authority), FmHA (Farmers Home Administration), local realtors, classified ads in newspaper, low rent/adequate housing areas such as trailer parks, etc.

The family may need help to contact owner or manager of the dwelling for needed repairs.

A family in a home that is unsafe due to lack of repair , (gas leak, etc.) may need the service of the utility company. If the home is unsafe and beyond repair, the family may need to contact city or county offices.

Community Action Council can assist with weatherization and funds to help with utility bills in cold weather. Welfare agencies can also help with bills.

Families needing emergency housing might contact Salvation Army, churches, Community Action Council, etc.

Low cost furnishings can be obtained from Salvation Army, Goodwill , yard sales, used furniture stores, etc.

Offer counseling in better use of available space, need for space for family members to have privacy, etc.

Help parents find Adult Education Programs to teach them to mend and sew. Homemaker service may be helpful (welfare agency, extension service).

Offer counseling to help the family buy clothes wisely, use of hand-me down clothes, need for clean clothes, and proper weight of clothing for the seasons and ideas of places to buy low cost clothing.

If a need for low cost clothing is found, some places offering these services are: Salvation Army, Goodwill, Community Action Council, Civic Organizations, clothes closets, churches, etc.

IIC. Financial

Determine the family's need for financial aid.

Know agencies that provide financial aid and resources that provide assistance to families. Be familiar with the procedure or requirements necessary for the services.

Some agencies and resources are:
Employment agencies-help with job placement
Social Security Administration (SSA)
  Supplemental Security Income (SSI)
  Supplemental Security Disability Income (SSDI)
AFDC (Aid To Families with Dependent Children)
Veterans Administration
Vocational Rehabilitation
State Department of Labor (job training, placement, unemployment claims)
Medicaid/Medicare
Children's Medical Services
Public Health Department (WIC-Women, Infant, Children)
Alimony/or child support
Community Action Council
Churches
Civic Organizations
School systems and related programs
WIN (Work Incentive Program)

Know Title XX Day Care Centers, other state supported or low cost day care centers and places offering respite care.

Offer financial counseling re: budgeting, low cost entertainment, saving for future emergencies, etc.

IID. Medical

Refer to private physicians and dentists.

If private medical help is not available to a family, you will need to know agencies and programs that offer free or low cost medical care and how to apply for these services.

Some facilities are: Public Health Department, local hospital and emergency rooms, mental health program, state hospitals in area, treatment centers, nursing homes and clinics.

Possible programs are: Medicaid, Medicare, Social Security Administration, Veterans Administration, Visiting Nurses Association, Alcoholics Anonymous, national organizations to help those with treatment and special equipment. (See References)

You will need to know doctors, dentists and drug stores that take Medicaid.

Be familiar with home health services available from hospitals, homemaker programs, etc.

Know civic organizations and school programs that will pay for medial treatment and/or equipment.

Offer counseling or parent training in good health practices, signs of poor health, immunizations needed and genetic information, etc.

IIE. Home Environment

The needs in this section can best be met by recommending family counseling and/or marriage counseling to the parents or by involving the parents in parenting skills training groups. (See References)

The following community programs may offer stimulation activities for children: recreation department, library, Community Action Council, preschool programs,etc.

IIF. Community Resources

The worker must identify and be very familiar with resources in the community.

To have up to date information regarding community resources an up to date resource directory is helpful.

Chamber of Commerce, library, information/resource/crises intervention lines are good sources of available resources.

Help the parents find the needed resource, show them how to make contact.

Follow up by asking the parents if they made the contact and what results they got.

Don't do everything for the parents. They should not become dependent on any agency.

IIG. Transportation

Know the public transporation available: taxis, buses, rapid transit, school sytems, etc.

Know what agencies can transport: preschools, Medicaid agency, Community Action Council, aging councils, etc.

Know how a person can get driver education training and/or obtain a drivers license.

Help with car pool planning.

III. SKILL DEVELOPMENT/IMPLEMENTATION

IIIA. Behavior Management Skills

Make sure your staff has the fundamental knowledge of basic behavior management techniques prior to going into home situations.

Be familiar with and aware that there are different techniques and philosophies of behavior management.

Use an expert in the community to give your staff a behavior management inservice; observe a situation where behavior management techniques are being carried out.

Review audio-visual kits on behavior management (See References)

If behavior is the main concern you may need the use of an expert to evaluate the child and work with the parents and child to set up a behavior management program.

When the parents can benefit (are willing or motivated) from a parent training program, it may be best to enroll them in such a program.

If the parents need improved behavior management skills, these are some techniques we have found helpful:

Charts (chore, responsibility, time, etc.).

Help the parents specify the behaviors to be changed.

Familiarize the parents with normal child development so that their expectations are realistic.

Help parents follow through consistently and discipline immediately when necessary.

Encourage positive reinforcement.

Help parents say positive things about the child.

Teach parents to ignore a behavior they don't want and to expect that behavior to get worse before it gets better.

When developing an intervention program consider the parents' strengths and weaknesses as well as the childs.

Be aware that the behavior problem may be the parents' attitude toward the child, not the child's behavior. The parents may need counseling.

Be familiar with the agency that handles abuse or neglect in case this is ever suspected.

IIIB. Creates Environment Conducive To Learning

Observation of the family in a normal day to day situation in the home is essential to this section.

It is helpful for parents to be familiar with normal child development, the developmental level of their child and what behaviors to expect at the level.

Teach parents ways to work with the child, (modeling, making eye contact, having child's attention before you start, etc.).

IV. EMOTIONAL FACTORS

IVA. Parent Adjustment

Do a thorough initial assessment of the child. Take the time to explain all results carefully to the parents.

Be sure the parents are familiar with normal child development.

Parents having difficulty adjusting to their child may need professional counseling.

*A worker involved with a child with a handicapping condition should know the stages of acceptance parents go through.

*Give parents time to go through each stage. Don't rush them into a program they are not ready for. Help the parents get available information on the child's handicapping condition.

*Encourage the parents to become involved in parent groups with other parents of handicapped children.

*Be sure parents are aware of local crisis lines.

IVB. Motivation

Your attitude as a worker is an important factor in motivating the parents. Show enough concern for the family that the parents know you are interested in them, this helps the parents develop confidence in you. This may take time.

Involve the parents in all phases of your work with them, they will be more likely to cooperate with you.

Follow through with what you agree to do.

Approach the parents on their level of thinking and understanding.

Follow the parents' agenda of what their needs are rather than your idea of the needs.

From the beginning, encourage parents to find the help they need independent of you.

Parents' success will be a big motivator for them to take the next step.

Be sure the parents know what community resources are available.

Explain the services of any agency involved with the family fully to the parents.

Help the parents understand why a particular service is needed by the family or the child.

IVC. Attitudes

Parents need to be familiar with child development so their statements about the child are realistic.

Inter-agency cooperation is very important. You need to know how many people are already working with the family. Each agency needs to know what the other is doing.

When several people are already involved with a family, the parents may not want another person coming into the home.

If an attitude problem is caused by another member of the family (e.g. a grandparent, etc.) try to include this person throughout the assessment process.

Know that there are times an attitude may not change. Be ready to find a new way to approach the parents for a solution to the problem.

V. Circumstances

Be aware that there may be things going on in the home that may interfere with your program. In times of crisis or family instability (divorce, death, etc.) agency involvement may need to be delayed until the situation is improved.

VI. Resistances

Be familiar with the family background for situations or attitudes that may cause resistance to intervention services.

Resistance may come from sources outside of the home.

Any resistance demonstrated may be aimed at you or other community agencies. The race, sex or age of the worker may be a cause of resistance.

Resistance may be to too many agencies involved with the family.

As with circumstances, resistances may interfere to the point that the services of your program may not be effective.

REFERENCES

BABY AND CHILD CARE

The Baby Book (Book)
Wyeth Laboratories
Philadelphia, PA 19101

Baby's Book (Pamphlet)
Gerber Products Co.
Freemont, MI 49412

Baby and Child Care (Book)
Dr. Benjamin Spock
Simon & Schuster
1230 Avenue of the Americas
New York, NY 10020

Becoming A Parent (Pamphlet)
Ross Laboratories (Similac)
Columbus, OH 43216

Better Homes & Gardens Baby Book-Revised Edition (Book)
Bantam Books, Inc.
666 Fifth Avenue
New York, NY 10019

Between Parent and Child (Book)
Dr. Haim Ginott
MacMillan Company
New York, NY

Beyond Peek-A-Boo and Pat-A-Cake
Activities for Baby's First Year (Book)
Evelyn Moots Munger & Susan Jane Bowdon
Follett Publishing Company
Chicago, IL

Breast Feeding Your Baby (Pamphlet)
Ross Laboratories
Columbus, OH 43216

Bringing Up Baby (Pamphlet)
Gerber Products Company
Freemont, MI 49412

The Complete Book of Breast Feeding (Book)
Marvin Erger, M.D. & Sally Olds
Bantam Books, Inc.
666 Fifth Avenue
New York, NY 10103

Congratulations (Pamphlet)
Ross Laboratories
Columbus, OH 43216

A Doctor Discusses Breast Feeding (Book)
Marie Pichel Warner, M.D.
Budlong Press Company
5428 North Virginia Avenue
Chicago, IL 60625

A Doctor Discusses Your New Baby and Your New Life (Book)
Paul G. Neimark
Budlong Press Company
5428 North Virginia Avenue
Chicago, IL 60625

Dr. Spock Talks with Mothers: Growth and Guidance (Book)
Benjamin Spock
Houghton, Mifflin
Boston, MA

The Gesell Institute of Child Behavior (Book)
Frances L. Ilg. M.D. & Louise Bates Ames, Ph.D
Perennial Library
Harper & Row, Publisher
New York, NY

Getting To Know Your Newborn (Pamphlet)
Johnson & Johnson 1978
Consumer & Professional Services
220 Centennial Avenue
Piscataway, NJ 08854

How To Raise A Bright Child (Book)
Joan Beck
Simon and Schuster
650 Fifth Avenue
New York, NY 10020

Mother & Baby Care At Home (Pamphlet)
Ross Laboratories
Columbus, OH 43216

Nursing Your Baby (Book)
Karen Pryor
Simon and Schuster
1230 Avenue of the Americas
New York, NY 10020

The Parenting Experience - An Adventure in Early Infant Care (Pamphlet)
Proctor & Gamble
Cincinnati,OH 45201

So You've Decided To Breast-Feed Your Baby (Pamphlet)
Gerber Products Company
Freemont, MI 49412

Toddlers and Parents (Book)
T. Berry Brazelton, M.D.
Dell Publishing Co., Inc.
1 Dag Hammarskjold Plaza
New York, NY 10017

Toilet Teaching Made Easy (Book)
T. Berry Brazelton, M.D.
Cosco Home Products, Inc.
Columbus, IN

Toilet Training In Less Than A Day (Book)
Nathan Azvin, Ph.D and Richard Foxx, Ph.D
Simon & Schuster
1230 Aveue of the Americas
New York, NY 10020

Toilet Training The Handicapped Child (Book)
H.D. Bud Fredericks, Victor L.
Baldwin, David N. Grove, William G. More
Instructional Development Corporation
Post Office Box 361
Monmouth, OR 97361

Understanding Your Baby's Toileting Needs (Pamphlet)
Proctor & Gamble
Cincinnati, OH 45201

The Womanly Art of Breast Feeding (Book)
LaLeche League of Franklin Park, Inc.
3332 Rose Street
Franklin Park, IL

You and Your Baby G385/April 1978 (Pamphlet)
Series Ross Laboratories
Columbus, OH 43216

Your Baby's First Year (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

Your Child Entering School (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

Your Child's Self-Esteem (Book)
Dorothy Corkille Briggs
Doubleday & Co., Inc.
Garden City, NY

Your Premature Infant G329/May 1978 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

BEHAVIOR MANAGEMENT

The Bowdoin Method (Audio-Visual)
Ruth Bowdoin
Kit with cassettes, film strips, manual, books for parents that relate to each filmstrip
Websters International Tutoring Systems, Inc.
5729 Cloverland Place
Brentwood, Nashville, TN 37027

Children The Challenge (Book)
Rudolf Dreikurs
Hawthorne Books
2 Park Avenue
New York, NY 10016

The Gesell Institute of Child Behavior (Book)
Frances L. Ilg, M.D. & Louise Bates Ames, Ph.D
Perennial Library
Harper & Row, Publisher
New York, NY

How To Publication by Dr. Howard N. Sloane (Pamphlet)
16085 Mt. Hicks
Fountain Valley, CA 92708
Stop That Fighting
No More Whining
Because I Say So
Dinner's Ready
Not 'Til Your Room's Clean

Hyperactivity - Research/Theory/Action (Book)
Dorothea M. Ross, Sheila A. Ross
John Wiley & Sons, Inc.
Wiley-Interscience
605 Third Avenue
New York, NY 10016

Hyperactive Children: A Handbook for Diagnosis and Treatment (Book)
Russell A. Barkley
The Guilford Press
200 Park Avenue South
New York, NY 10003

Parent/Children/Discipline-A Positive Approach (Book)
Clifford K. Madsen and Charles H. Madsen, Jr.
Publisher Allyn and Bacon, Inc.
Boston, MA

Parents Are Teachers (Book)
Wesley C. Becker
Research Press
2612 North Mattis Avenue
Campaign, IL 61820

Systematic Training For Effective Parenting (STEP) (Audio-Visual)
Kit with 1 leader manual, 1 parent handbook, cassettes, discussion guide cards, posters, charts
American Guidance Service, Inc.
Circle Pines, MN 55014

When Your Child Is Difficult C718/January 1980 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

Your Child & Discipline G324/December 1979 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

CHILD DEVELOPMENT

Child Development In The Home (Pamphlet)
DHEW Publication No. (OHD) 76-30042
Department of Health, Education and Welfare
Washington, D.C. 20201

Childhood and Adolescence (Book)
L. Joseph Stone and Joseph Church
Random House
New York, NY

The First Three Years of Life (Book)
Burton L. White
Avon Books
The Hearst Corporation
959 Eighth Avenue
New York, NY 10019

Nutrition,Growth, and Development During Your Baby's First Year (Pamphlet)
G735 May 1981
Ross Laboratories
Columbus, OH 43216

The First Twelve Months of Life (Book)
Frank Caplan
Bantam Books, Inc.
666 Fifth Avenue
New York, NY 10019

Parent and Children Together (PACT) (Audio-Visual)
Childcraft Education Corp.
20 Kilmer Road
Edison, NJ 08817

The Phenomena of Early Development G322/December 1979 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

The Second Twelve Months of Life (Book)
Frank Caplan, Theresa Caplan
Bantam Books, Inc.
666 Fifth Avenue
New York, NY 10019

Small Wonder 1 (Kit)
Merle B. Karnes
Activity cards, songs, stories, puppet and activities, picture cards
(birth to 18 months)
American Guidance Service
Circle Pines, MN 55014

Small Wonder 2 (Kit)
Merle B. Karnes
Activity cards, songs, stories, puppet and activities, picture cards
(18 to 36 months)
American Guidance Service
Circle Pines, MN, 55014

Toddlers and Parents (Book)
T. Berry Brazelton, M.D.
Dell Publishing Co., Inc.
1 Dag Hammarskjold Plaza
New York, NY 10017

Your Baby Becomes A Toddler G328/January 1981 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

Your Child's Fear G325/June 1977 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

Your Child's Potential To Learn (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

HANDICAPPING CONDITIONS

Blindness-Ability, Not Disability (Pamphlet)
Maxine Wood
Public Affairs Pamphlet No. 295A
American Foundation For The Blind
15 West 16th Street
New York, NY 10011

Exploring Materials With Your Child With Special Needs (Book)
Goldman, et. al.,
Media Resource Center
Massachusetts Department of Mental Health
Division of Mental Retardation,
190 Portland Street
Boston, MA 02114

Handling The Young Cerebral Palsied Child At Home (Book)
E.P. Dalton
2 Park Avenue
New York, NY 10016

Home Stimulation For The Young Developmentally Disabled Child (Book)
Goldman, et. al.
Media Resource Center
Massachusetts Department of Mental Health, Division of Mental Retardation
190 Portland Street
Boston, Ma 02114

How To Get Services By Being Assertive (Book)
Charlotte Des Jardins
Coordinating Council For Handicapped Children
407 S. Dearborn
Chicago, IL 60605

"How To's" On Dressing & Feeding (Pamphlet)
By Nancie R. Finnie FCSP
United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, NY 10016

Learning Disabilities (Book)
Betty B. Osman
Warner Books, Inc.
75 Rockfeller Plaza
New York, NY 10019

Project Head Start-Mainstreaming Preschoolers Series (Books)
Children With Mental Retardation (OHDS) 78-31110
Children With Learning Disabilities (OHDS) 78-31117 #017-092-00035-9
Children With Speech and Language Impairments (OHDS) 78-3113 #017-092-00033-2
Children With Health Impairments (OHDS) 78-31111 #017-092-00031-6
Children With Hearing Impairments (OHDS) 78-31116 #017-092-00032-4
Children With Visual Handicaps (OHDS) 78-31112 #017-092-00030-8
Children With Emotional Disturbance (OHDS) 78-31115 #017-092-0036-7
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Teaching Your Down's Syndrome Infant: A Guide for Parents (Book)
Marcie Hanson
University Park Press
300 N. Charles Street
Baltimore, MD 21201

What Everyone Should Know About Cerebral Palsy (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Educating Handicapped Children (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Epilepsy (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Learning Disabilities (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Mental Retardation (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Sickle Cell (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

Your Child's Hearing (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

Your Down's Syndrome Child (Pamphlet)
By David Pitt, M.D.
National Association for Retarded Citizens
2709 Avenue East
P.O. Box 6109
Arlington, TX 76011

HEALTH

Children With Health Impairments (Book)
Project Head Start,
Mainstreaming Preschoolers Series (OHDS) 78-31116 #017-09-00032-4
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

A Handbook of Child Safety (Pamphlet)
Gerber Products Co.
Freemont, MI 49412

What Everyone Should Know About Child Abuse (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Child Safety (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What Everyone Should Know About Contraception (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

Your Premature Infant (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

LEARNING ACTIVITIES

The Baby Exercise Book (Book)
Dr. Janine Levy
Pantheon Book
Random House, Inc.
New York, NY

Baby Learning Through Baby Play:
A Parents' Guide for the First Two Years (Book)
Ira J. Gordon
St. Martin's Press, Inc.
175 Fifth Avenue
New York, NY 10010

Beyond Peek-A-Boo and Pat-A-Cake:
Activities for Baby's First Year (Book)
Evelyn Moots Munger & Susan Jane Bowdon
Follett Publishing Co.
Chicago, IL

The Bowdoin Method (Audio-Visual)
Ruth Bowdoin
Kit with cassettes, film strips, manual, books for parents that relate
to each filmstrip
Websters International Tutoring Systems, Inc.
5729 Cloverland Place
Brentwood, Nashville, TN 37027

Child Learning Through Child Play
Learning Activities for Two- and Three-Year Olds (Book)
Ira J. Gordon, Barry Guinogh, R. Emile Jester
St. Martin's Press, Inc.
175 Fifth Avenue
New York, NY 10010

DIAL (Developmental Indicators for the Assessment of Learning)
Activity Card System (Kit)
Carol Mardell Ph.D & Dorothea S. Goldenberg, Ed.D
Activities for children 2½ to 5½ years old
Childcraft
20 Kilmer Road
Edison, NJ 08817

Exploring Materials with Your Child with Special Needs (Book)
Goldman, et. al.,
Media Resource Center
Massachusetts Department of Mental Health, Division of Mental Retardation
190 Portland Street
Boston, MA 02114

Home Stimulation for the Young Developmentally Disabled Child (book)
Goldman, et. al.
Media Resource Center
Massachusetts Department of Mental Health, Division of Mental Retardation
190 Portland Street
Boston, MA 02114

Infant Stimulation Curriculum (Kit)
Activities for birth to 3 years old
The Nisonger Center
1580 Cannon Drive
Columbus, OH 43210

Learning Accomplishment Profile (LAP) (Curriculum)
Kaplan Press
600 Jonestown Road
Winston-Salem, NC 27103

Learning Games for the First Three Years (Book)
Joseph Sparkling and Isabelle Lewis
Walker Publishing Co.
720 Fifth Avenue
New York, NY 10019

Learning Staircase (Curriculum)
Lela Coughran M.A., Marilyn Goff M.S.
1½ to 7 years old
Learning Concepts
2501 N. Lamar
Austin, TX 78705

Portage Guide to Early Education (Curriculum)
Bluma, Shearer, Frohman & Hilliard
Birth to 6 years old
Portage Project, CESA 12
Box 564
Portage, WI 53901

Small Wonder I (Kit)
Merle B. Karnes
Activity cards, songs, stories, puppet and activities, picture cards
(birth to 18 months)
American Guidance Service
Circle Pines, MN 55014

Small Wonder 2 (Kit)
Merle B. Karnes
Activity cards, songs, stories, puppet and activities, picture cards
(18 to 36 months)
American Guidance Service
Circle Pines, MN, 55014

Teach Your Baby (Book)
Genevieve Painter
Simon & Schuster
Rockfeller Center,
630 5th Avenue
New York, NY 10020

You Show, I Grow (Book)
Sara Chalmers Burroughs
Wake County Public School System
Project Enlightenment
501 S. Boylan Avenue
Raleigh, NC 27603

NUTRITION

A-B-C's of Good Nutrition (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

A Better Diet (Pamphlet)
U.S. Department of Agriculture
Food Nutrition Service
Program Aid No. 1241
Washington, D.C.

Feeding Your Growing Baby G353/November 1979 (Pamphlet)
Ross Laboratories (Similac)
Columbus, OH 43216

Foods For Baby (Pamphlet)
Gerber Products Co.
Freemont, MI 49412

Good Eating For The Person Sensitive To Cow Milk or Other Foods (Pamphlet)
Ross Laboratories
Columbus, OH 43216

Feed Me, I'm Yours (Book)
Vicki Lansky
Bantam Books
Meadowbrook Press, Inc.
16648 Meadowbrook Lane
Wayzota, MN 55391

Nutrition, Growth, and Development During Your Baby's First Year (Pamphlet)
G735 May 1981
Ross Laboratories
Columbus, OH 43216

A Primer On Infant Nutrition 1978 (Pamphlet)
Mead Johnson & Co.
Evansville, IN 47721

PARENTING SKILLS

Between Parent and Child (Book)
Dr. Haim Ginott
MacMillan Company
New York, NY

The Bowdoin Method (Audio-Visual)
Ruth Bowdoin
Kit with cassettes, film strips, manual, books for parents that relate to each filmstrip
Websters International Tutoring Systems, Inc.
5729 Cloverland Place
Brentwood, Nashville, IN 37027

Children The Challenge (Book)
Rudolf Dreikurs
Hawthorne Books
2 Park Avenue
New York, NY 10016

God Don't Make Junk (Book)
Early Childhood Education Center
Altamont, NY

Parent Effectiveness Training (Book)
Dr. Thomas Gordon
Wyden Publisher
750 Third Avenue
New York, NY 10017

The Single Parent Family G723/January 1980 (Pamphlet)
Series Ross Laboratories (Similac)
Columbus, OH 43216

Teaching Parents To Teach (Book)
David L. Lillie and Pascal L. Trohanis, with Kennith W. Goin
Walker and Company
720 Fifth Avenue
New York, NY 10019

PRENATAL

A Doctor Discusses Pregnancy (Book)
William G. Birch, M.D., L.L.D.
Budlong Press Co.
5428 North Virginia Avenue
Chicago, IL 60625

A Doctor Discusses Prepared Childbirth (Book)
Lou Joseph, B.A.
5428 North Virginia Avenue
Chicago, IL 60625

Expectant Mother Guide (Pamphlet)
Gerber Products Co.
Freemont, MI 49412

What Everyone Should Know About Contraception (Pamphlet)
A Scriptographic Booklet by
Channing L. Bete Co., Inc.
South Deerfield, MA 01373

What To Do About Minor Discomforts of Pregnancy (Pamphlet)
Ross Laboratories
Columbus, OH 43216

Your First Pregnancy (Pamphlet)
Kimberly - Clark Corporation

NATIONAL ORGANIZATIONS

Alexander Graham Bell Association for the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

American Cancer Society
1825 Connecticut Avenue
Washington, D.C. 20009

American Diabetes Association
600 Fifth Avenue
New York, NY 10020

American Digestive Disease Society
7720 Wisconsin Avenue
Bethesda, MD 20014

American Foundation for the Blind
15 West 16th Street
New York, NY 10011

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Speech and Hearing Association
10801 Rockville Pike
Rockville, MD 20852

Closer Look
P.O. Box 1492
Washington, D.C. 20013

Council for Exceptional Children
Information Center
1920 Association Drive
Reston, VA 22091

Cystic Fibrosis Foundation
3379 Peachtree Road, N.E.
Atlanta, GA 30326

Epilespy Foundation of America
1828 L. Street, N.W.
Washington, D.C. 20036

Leukemia Society of America, Inc.
1625 I Street, N.W.
Washington, D.C. 20015

Lions International
209 North Michigan Avenue
Chicago, IL 60601

Mental Health Association
National Headquarters
1800 North Kent Street
Arlington, VA 22209

Muscular Dystrophy Association
810 Seventh Avenue
New York, NY 10019

National Association for Children With Learning Disabilities
4156 Library Road
Pittsburgh, PA 15234

National Association of the Deaf
814 Thayer Street
Silver Springs, MD 20902

The National Association for Down's Syndrome (NADS)
P.O. Box 63
Oak Park, IL 60303

National Association for Hearing and Speech Action
814 Thayer Avenue
Silver Springs, MD 20910

National Association for Retarded Citizens (NARC)
2709 Avenue E. East
P.O. Box 6109
Arlington, TX 76011

National Capitol Foundation of Tay Sachs
National Press Bldg.
Washington, D.C. 20000

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

The National Foundation/March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605

National Hemophilia Foundation
23 West 39th Street
New York, NY 10018

National Kidney Foundation
116 East 27th Street
New York, NY 10010

National Multiple Sclerosis Society
1200 15th Street, N.W.
Washington, D.C. 20015

National Society of Autistic Children
621 Central Avenue
Albany, NY 12206

The National Society to Prevent Blindness
79 Madison Avenue
New York, NY 10016

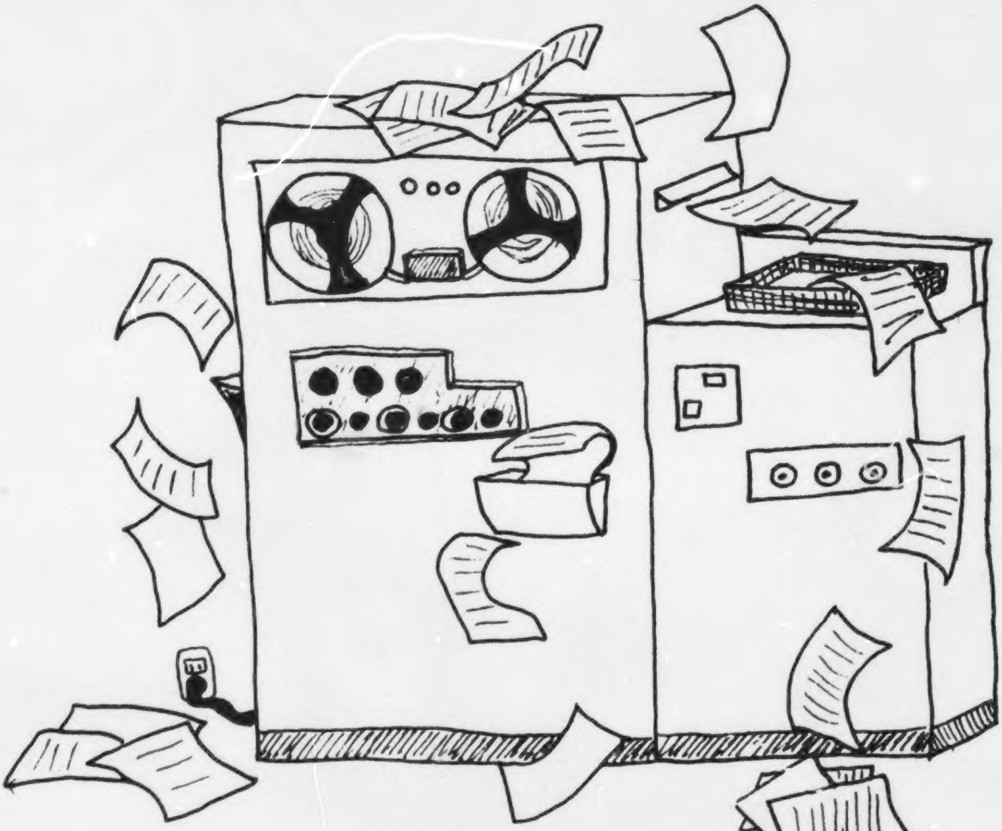
National Tuberculosis and Respiratory Disease Association
101 2nd Street N.E.
Washington, D.C. 20002

The Office of Public Relations
Gallaudet College for the Deaf
Kendall Green
Washington, D.C. 20002

Tourette Syndrome Association, Inc.
Bell Plaza Bldg.
42-40 Bell Blvd.
Bayside, NY 11361

United Cerebral Palsy Association, Inc. (UCP)
66 East 34th Street
New York, NY 10016

EVALUATION DATA



The evaluation data of the Child-Family-Community Project Family Assessment Process will be available in June, 1982. Copies of this report to be included in the manual will be forwarded by mail.

Description of Children/Families Included In The Field Test of Family Assessment Process

The Family Assessment Process was field tested on 159 children and their families. All of these families were located in rural Southwest Georgia. The field testing was conducted from 1979-1982.

SEX

Male	63%
Female	37%

RACE

Black	58%
White	40%
Other	2%

AGE

Birth - 2 yrs.	51%
3 yrs. - 5 yrs	49%

DEMOGRAPHIC SETTING

Small city (Population Approx. 15,000)	55%
Small town (Population Approx. 2,000)	16%
Isolated rural area	29%

FAMILY SITUATION

Extended family	34%
Single family	27%
Intact family	39%

Receive public assistance	72%
Do not receive public assistance	28%

ELIGIBILITY CRITERIA

Developmentally Delayed	53%
At Risk	37%
High Risk	10%

APPENDIX

Family Needs Inventory
Parent Questionnaire
Family Interview Form
R. U. Checklist
IEP

CHILD
FAMILY
COMMUNITY PROJECT
Brooks Colquitt Grady Pelham City Thomas Thomasville City

Serving families of preschool
children with special needs

FAMILY INTERVIEW FORM

CONFIDENTIAL

DATE:
IDENTIFICATION #

NAME OF CHILD: DOB:

ADDRESS:

TELEPHONE: (home) (work) (other)

PARENT(S) OR GUARDIAN(S) NAME:

DESCRIPTION OF FAMILY SITUATION:

MARITAL STATUS OF PARENTS:

INFORMANT: RELATIONSHIP:

PRESENT LIVING SITUATION

1. Persons living in the home:

FULL NAME	RELATIONSHIP	AGE OR DATE OF BIRTH	HIGHEST GRADE IN SCHOOL	OCCUPATION

2. Sources of Income:
Employment: ____________________
AFDC: ________ per month Food Stamps: ________ per month Social Security ________ per month Other: ____________________

Who decides how family income is spent? ____________________

3. Medicaid/Medicare: ____________________

4. Other Agency Involvement: ____________________

5. Description of home: ____________________
Own: ________ Rent: ________ Living with others: ________
Number of bedrooms: ________ Indoor plumbing? ________
Hot water? ________ Phone? ________ T.V.? ________
Adequate facilities for food preparation? ________
Additional comments: ____________________

PRE-NATAL INFORMATION

Mother's health during pregnancy:

a. Mother's feelings regarding pregnancy ____________________

b. Illnesses or accidents during pregnancy ____________________

c. Home situation during pregnancy ____________________

d. Drugs used during pregnancy ____________________

e. Activities during pregnancy ____________________

f. Describe pre-natal care ____________________

g. Number of pregnancies ____________________

LABOR AND DELIVERY

Length of labor: Hours ________ Natural or Caesarean? ________
Was labor induced? Yes ________ No ____ Was labor difficult? Yes ________ No ________
Were forceps used? Yes ________ No ____ Was anethesia used? Yes ________ No ________
Was mother awake when baby was born? Yes ________ No ________
Where was child born?: ____________________
Who assisted in the delivery? ____________________
Age of mother at delivery? ____________________
Position of baby at delivery ________ Head first ________ Breech ________ Feet first
Weight at birth: ________ Full term? ________

Complications at birth:

________Trouble breathing ________Jaundice ________Blue color
________Irregular heart rate ________Birth injuries ________other problems
(explain): ________

Mother's condition following delivery: ________

Baby's condition following delivery: ________

INFANCY

1. Feeding: Describe any feeding problems ________
Breast or bottle fed? ________ Demand or schedule? ________
Baby's response to nursing: ________
Problems associated with feeding:
vomiting ________
colic ________
constipation ________
diarrhea ________
allergy ________

2. Other illnesses during first several months: ________

3. Describe the baby's general attitude, mood, amount of activity during first few months: ________

4. Describe your living situation during your baby's first few months: ________

DEVELOPMENTAL INFORMATION

1. Milestones
Age at which child:
Cut first tooth ________ months
Sat alone ________ months
Crawled ________ months
Walked alone ________ months

2. Toilet-training:
When began: ________
When was child accident-free during day? ________
Completely trained? ________
Was the child easy or difficult to train? ________

3. Language:

Age at which child:
First said "mama/dada" ____________________ months
Put 2 words together ____________________ months
Simple sentences ____________________ months
Any noticeable speech problems? ____________________
____

4. Sleeping Habits:

Share a room ____________________ With whom? ____________________
Schedule: Nap ____________________ Bedtime ____________________
Awaken ____________________
Describe any unusual sleeping habits: ____________________
____

5. Eating Habits:

Does child feed him/herself? ____________________
Does child eat at approximately the same time every day? ____________________
Where does child usually eat meals? ____________________
What kinds of foods does child eat for:
breakfast ____________________
lunch ____________________
supper ____________________
snacks ____________________

HEALTH/MEDICAL INFORMATION

. Child Information

1. Vision:

Have you ever felt that your child had difficulty seeing? ____________________
Check any that apply:

______rubs eyes frequently
______squints
______frowns often or tilts head to one side
______holds objects close to eyes
______has red or watery eyes
______complains of eyes hurting

Has your child ever had his/her eyes checked or examined? ________ By whom? (explain): ____________________
____

2. Hearing:

Have you ever felt that your child had difficulty hearing? ____________________
Check any that apply:

______frequent ear infections or colds
______pulls or pokes at ears
______fluid draining from ears
______does not respond to voice or sounds

Has your child ever had his/her hearing or ears checked or examined?
By whom? (explain): ____________________

3. Child's Doctor: ____________________

When was the last time your child saw a doctor?: ________ Why?: ____________________
____
Does your child receive medical care regularly? ____________________
Are child's shots up to date? ____________________ Where? ____________________

4. Childhood Illnesses:
Has child ever had:
measles __________ mumps __________
chicken pox __________ allergies __________
frequent colds/flu __________
ear infections __________
other __________

5. Serious Illnesses:
Has child ever been hospitalized? (explain): __________
Accidents?: __________
Seizures?: __________
other: __________

6. Dental Services:
Has your child had his/her teeth checked? __________ By whom?: __________

7. Other:
Has your child ever been tested or treated by anyone else, not mentioned previously? (i.e., a psychologist, psychiatrist, physical therapist, speech therapist, neurologist, educational specialist, etc.) Explain: __________

B. Family Information

1. Where do other family members receive medical care? __________

2. When do family members usually obtain medical attention? __________

3. Does anyone in the immediate family have:
   a. Medical problems? __________
   b. Physical handicaps? __________
   c. Emotional problems? __________
   d. Hearing difficulties? __________
   e. Speech problems? __________

BEHAVIORAL/SOCIAL INFORMATION

1. Family Relationships
   a. Which family member does your child seem to have the closest attachment to? __________
   How is this shown? __________
   b. Who is primarily responsible for the care of your child? During the day __________ During the night __________
   c. Describe the types of activities that you and your family enjoy doing with your child (include activities in the home and away from the home) __________

d. During the child's life have there been any changes in the family situation (such as change in parents' marital status, frequent moves, change in family composition, imprisonment, death, etc.)? ______________________________
____

e. Are you satisfied with your present living situation? ______________
Explain: ______________________________
____

2. Child-Peer Relationships
a. How does your child get along with the other children in the home? __________
b. How often does your child have an opportunity to play with children outside of the home? ______________________________
c. How does your child get along with other children? ______________
Does your child seem to enjoy playing:
alone? ______________
with younger children? __________
with similar-aged children? __________
with older children? __________
with adults? ______________
with a group of children? __________
d. Does your child make friends easily? ______________

3. Child's Behavior
a. How would you describe your child:
______ usually very active
______ active sometimes, but also plays quietly
______ usually not very active
______ usually happy
______ usually unhappy
______ moody
______ demands excessive attention
______ aggressive toward others
______ seems overly jealous
______ nervous
______ other: ______________________________
b. Does your child have temper tantrums? ______________
Explain: ______________________________
c. Does your child have any fears? ______________
____

4. Discipline
a. What do you usually discipline for? ______________
____
b. Is discipline frequently needed? __________ how often? __________
c. How do you usually disciplines your child? ______________
Does it work?: ______________
d. Who usually disciplines your child? ______________
If more than one person disciplines, do these people usually agree on when and how to discipline? ______________
e. How does your child react to discipline? ______________
f. When your child behaves well or does somethings good, how do you let him/her know you like it? ______________
How do other family members respond to your child's good behavior? __________
____

5. Child's Play
   a. What kind of play activity does your child seem to most enjoy? (watch t.v., playing outside, looking at books, working with hands, etc): ______________
   ____
   b. What kinds of toys does your child have? ______________
   ____
   c. What is his/her favorite toy? ______________
   d. Do you make play things out of household items (pots, pans, spools, cans, boxes, etc.)? ______________
   e. Does your child seem to become easily frustrated when a task becomes difficult during play? ______________
   Describe: ______________
   f. Does your child stick with one activity (playing with blocks, coloring, etc.) for:
   _____less than 5 minutes?
   _____5-10 minutes?
   _____more than 10 minutes?
   g. Does your child enjoy watching t.v.? ______________
   h. How much time do you, or other family members, spend alone with your child listening, talking and playing each day? ______________

SUMMARY

1. How do you view your child's developmental growth compared to siblings or other children of the same age? ______________

2. Looking ahead to the future, what are your expectations for your child? ________
____

3. Is there anything that you would like to learn or know more about that would help you and your child? ______________

4. Is there any additional information that you feel is important in order for me to better understand your child or family? ______________
____
____

____
SIGNATURE OF INTERVIEWER

CHILD
FAMILY
COMMUNITY PROJECT

Serving families of preschool children with special needs

Brooks Colquitt Grady Pelham City Thomas Thomasville City

PARENT QUESTIONNAIRE

Child's Name_______________________________ School District_______________________________
Parent's Name_______________________________ Date:_______________________________
Completed by:_______________________________

The Child-Family-Community (C-F-C) Project provides assistance to the families of preschool children with special needs. Many times these families find that they need assistance in certain areas. In order for us to understand any concerns you may have please look over this checklist.
DIRECTIONS: Please put a check (✓) beside those items below which you would like to know more about or would like assistance with. Remember, there are no right or wrong answers. Check as many as you like.

I FEEL MY FAMILY COULD USE HELP WITH . . .

_______understanding why it's important that we take this time to gather information about our child and the family. (IA)

_______understanding how we can work with your program. (IC)

_______understanding what our child does well and in what areas (s)he may need help. (IB)

_______understanding how we can make our home a good place for our child to learn. (IIE)

_______understanding how to use toys and things around the home to help our child learn. (IIIB)

_______understanding how to manage our child's behavior. (IIIA)

_______planning activities that are fun for the whole family. (IVA)

_______identifying and using community services which may help our child and family. (IIF)

_______knowing where to go for financial assistance and special services (daycare, physical therapy, etc.). (IIC)

_______providing a safe, comfortable home and clothing for our family. (IIB)

_______obtaining needed medical and dental services. (IID)

_______providing healthy meals and snacks for our family. (IIA)

_______finding transportation, when needed, for our family. (IIG)

Now, please go back through the items once more and put a second check (✓✓) by those items which were most important to you and your family.

Any other concerns or needs not listed:

____

____

____

CHILD
FAMILY
COMMUNITY PROJECT

erving families of preschool
children with special needs

Brooks Colquitt Grady Pelham City Thomas Thomasville City

KEY
✓ = Need identified by parent
X = Need identified by worker after completion of FNI

RESOURCE UTILIZATION CHECKLIST

Child's Name: ______________________ Date: ______________________

Parent's Name: ______________________ Completed by: ______________________

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
NUTRITION (IIA)								
WIC								
Agricultural Extension								
Other:								
HOUSING (IIB)								
Own								
Rent								
Living with others								
Public								
Other:								
CLOTHING (IIB)								
FINANCIAL RESOURCES (IIC)								
Employment								
AFDC								
FOOD STAMPS								
SOCIAL SECURITY								
SSI								
VA								
CHILD SUPPORT								
ALIMONY								
WIN								
Other:								
SUBTOTAL (Raw Score)		■	■				■	

RESOURCE UTILIZATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
HEALTH/MEDICAL/DENTAL: FAMILY (IID)								
Private Physician								
Private Dentist								
Health Department								
Medicaid								
Medicare								
Emergency Room								
Health Insurance								
Other:								
MEDICAL/HEALTH/DENTAL: CHILD (IID)								
Private Physician								
Private Dentist								
Health Department								
Children's Medical Ser.								
Emergency Room								
Therapy:								
Special Equipment								
Medicaid								
Health Insurance								
Associations:								
Other:								
SUBTOTAL (Raw Score)								

RESOURCE UTILIZATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
COUNSELING (IIE)								
Mental Health								
Private Counselor								
School Personnel								
Psychiatrist								
Psychologist								
Preacher/Minister								
Parent Groups								
Other:								
ADULT EDUCATION (IIF)								
High School (G.E.D)								
Vocational/Technical School								
College								
Vocational Rehabilitation								
Other:								
EDUCATION (CHILD)/CHILD CARE (IIF)								
School System								
Public Preschool								
Private Preschool								
Babysitter								
Relatives/Friends								
Respite Care								
Other:								
SUBTOTAL (Raw Score)								

RESOURCE UTIL[illegible]ATION CHECKLIST

Community Resources	A Needed Service?		Service Available/ Family Qualifies?		Degree of Service Utilization			Comments Regarding Present Level of Service Utilization
	Yes	No	Yes	No	Full	Partial	Not At All	
TRANSPORTATION (IIG)								
Own vehicle								
Neighbor/Relative								
Public Transportation								
Community Services								
Other:								
OTHER:								
SUBTOTAL (Raw Score)								
SUBTOTAL PAGE 1	____			____	____	____		
SUBTOTAL PAGE 2	____			____	____	____		
SUBTOTAL PAGE 3	____			____	____	____		
SUBTOTAL PAGE 4	____			____	____	____		
TOTAL (Raw Score) →	____ x2			____ x2	____ x2	____ x1		
ADJUSTED SCORE →	△			○	____ +	____ =	□	

UTILIZED ÷ (# NEEDED − # NOT AVAILABLE) X 100 = PERCENT OF RESOURCE UTILIZATION

□ ÷ (△ − ○) = ____________ X 100 = ____________________

CHILD
FAMILY
COMMUNITY PROJECT

Brooks Colquitt Grady Pelham City Thomas Thomasville City

FAMILY NEEDS INVENTORY

CHILD'S NAME ______________________ DOB ______________

SCHOOL DISTRICT ______________________ CASE NO. ______________

PARENT(S)/GUARDIAN NAME ______________________ PHONE ______________

ADDRESS ____

	INITIAL (PRE)	INTERIM	INTERIM	FINAL (POST)
DATE				
COMPLETED BY				

DIRECTIONS: After completing items 1-119 on pages 1-10 transfer the Average Scores to the corresponding spaces below. Space is provided to graph the subtopic Average Scores to form a profile. To discriminate between pre, interim and post ratings use a different color ink each time.

	SCORE				PROFILE
Dates					
I. INFORMATION FOR REFERRAL/PROGRAMMING					
A. Participation - Evaluation					0....:....1....:....2
B. Strengths and Weaknesses					0....:....1....:....2
C. Participation-Intervention Strategies					0....:....1....:....2
II. BASIC NEEDS					
A. Nutrition					0....:....1....:....2
B. Shelter and Clothing					0....:....1....:....2
C. Financial Resources					0....:....1....:....2
D. Medical Needs					0....:....1....:....2
E. Home Environment					0....:....1....:....2
F. Community Resources					0....:....1....:....2
G. Transportation					0....:....1....:....2
III. SKILL DEVELOPMENT/IMPLEMENTATION					
A. Behavior Management Skills					0....:....1....:....2
B. Creative Environment					0....:....1....:....2
IV. EMOTIONAL FACTORS					
A. Parent Adjustment					0....:....1....:....2
B. Motivation					0....:....1....:....2
C. Attitudes					0....:....1....:....2
V. CIRCUMSTANCES					0....:....1....:....2
VI. RESISTANCES					0....:....1....:....2

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

I. INFORMATION FOR REFERRAL/PROGRAMMING

IA. PARENT*PARTICIPATION - EVALUATION

	Dates				COMMENTS
1. The parent willingly participates in the referral process.					
2. The parent sees the need for assistance and gives consent for services.					
3. The parent contributes to intake through conference with worker.					
4. The parent assists with the completion of the family interview form by being receptive to questions and providing (apparent) accurate information.					
5. The parent participates in the assessment of the child's functioning (developmental, behavioral, social assessment, etc.).					
IA TOTAL →	___	___	___	___	
TOTAL ÷ (5 - #DNK/NA ITEMS) = IA AVERAGE →	○	○	○	○	

IB. PARENT IDENTIFIES CHILD'S STRENGTHS AND WEAKNESSES

6. The parent makes realistic statements of child's abilities and limitations.					
7. The parent demonstrates an understanding of the child's handicapping condition and special needs or of the parent's own limitations and special needs.					
8. The parent encourages skills or tasks which capitalize on the child's strengths and facilitate his/her independence.					
9. The parent creates situations that enhance child's strengths and sets reasonable short term goals.					
10. The parent sets reasonable long term goals for the child anticipating future needs and planning accordingly.					
IB TOTAL →	___	___	___	___	
IB TOTAL ÷ (5 - #DNK/NA ITEMS) = IB AVERAGE →	○	○	○	○	

*Throughout this inventory the word parent will be used to identify the most significant caregiver(s) in the life of the child with whom the staff has direct and consistent contact.

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 [illegible]ery little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

		Dates				COMMENTS
IC.	PARENT PARTICIPATION - INTERVENTION STRATEGIES					
11.	The parent attends the Individual Education Plan (IEP) and/or Individual Family Plan (IFP) Meeting.					
12.	The parent communicates family objectives during the development of the IFP.					
13.	The parent communicates objectives for the child during the development of the IEP.					
14.	The parent indicates a willingness to set aside time to meet with the worker.					
15.	The parent voluntarily provides information about home incidents which relate to child's educational program and/or family program.					
	IC TOTAL →					
	IC TOTAL ÷ (5 - #DNK/NA ITEMS) = IC AVERAGE →	○	○	○	○	
	TOTAL IA + IB + IC AVERAGE SCORES →					
	TOTAL I AVERAGE SCORES ÷ 3 = I AVERAGE →	△	△	△	△	

II. BASIC NEEDS

IIA. NUTRTIONAL NEEDS

16.	The parent provides a quantity of food to adequately meet the needs of the family members.					
17.	The parent provides the quality of food to meet basic nutritional requirements.					
18.	Special nutritional needs of the child are met. (If applicable)					
19.	Available snack foods are nutritious.					
20.	Foods are prepared properly and stored safely.					
	IIA TOTAL →					
	II C TOTAL ÷ (5 - # DNK/NA ITEMS) = II A TOTAL →	○	○	○	○	

RATING
2 - Most of time, consistently, adequately
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merging
0 ery little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

	Dates				COMMENTS
IIB. SHELTER AND CLOTHING					
21. The house is secure from inclement weather, pests or structural situations that would pose a safety hazard.					
22. The home is clean and orderly and free from other situations which would pose a health hazard.					
23. Plumbing facilities are available for personal hygiene and sanitation.					
24. Space and furnishings are adequate to provide for eating, sleeping and other basic needs.					
25. The size of the home allows space for family members to interact comfortably and obtain privacy.					
26. The amount of clothing per family member allows changes as necessary for cleanliness.					
27. Family members dress appropriately for climate.					
IIB TOTAL →	___	___	___	___	
IIB TOTAL ÷ (7 - #DNK/NA ITEMS) = IIB AVERAGE →	○	○	○	○	

IIC. FINANCIAL RESOURCES					
28. Family income is sufficient to pay basic living expenses (food, shelter, clothing).					
29. Income is sufficient to pay for a telephone, if desired.					
30. Income or resources are available to pay for special needs (dietary, adaptive equipment, etc.).					
31. Costs for special services (PT, OT, speech, counseling) and medical bills can be met.					
32. Funds or resources are available for child-care/babysitting services when required.					
33. Funds are available for family recreation and leisure activities.					
34. Money is budgeted and efforts are made to save funds for emergency future expenditures.					
IIC TOTAL →	___	___	___	___	
TOTAL ÷ (7 - #DNK/NA ITEMS) = IIC AVERAGE →	○	○	○	○	

RATING

2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 [illegible]ery little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

		Dates				COMMENTS
IID.	MEDICAL NEEDS					
35.	Family members obtain any medical/dental services that are needed.					
36.	Family members maintain good general health through preventive practice (routine check-ups, good hygiene, etc.).					
37.	Prescribed medication is administered consistently and properly.					
38.	Children receive appropriate immunizations.					
39.	Parent(s) recognize and respond appropriately to signs of illness and distress in family members.					
	IID TOTAL →					
	IID TOTAL ÷ (5 - #DNK/NA ITEMS) = IID AVERAGE →	○	○	○	○	

IIE.	HOME ENVIRONMENT					
40.	The family members spend quality time together (leisure, recreation, etc.).					
41.	The family shares child care responsibilities.					
42.	The family discusses problems together, shares in decision-making and deals with conflict in an open and purposeful manner.					
43.	The parent gives positive expressions of contentment with marriage or present living situation (verbally or by actions indicating affection or respect, etc.).					
44.	Peer interaction is available for the child through siblings, neighborhood children, preschool programs, etc.					
45.	The family agrees on and utilizes discipline methods which are appropriate to the child's age and the situation.					
46.	The home provides sensory stimulation (e.g., pictures, books, magazines, toys and games of varied colors, textures, etc.).					
47.	Bed, meal and naptime routines are consistent and appropriate.					
	IIE TOTAL →					
	[illegible] TOTAL ÷ (8 - #DNK/NA ITEMS) = IIE AVERAGE →	○	○	○	○	

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0[illegible]ery little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

	Dates				COMMENTS
IIF. COMMUNITY RESOURCES					
48. The parent is aware of available community resources.					
49. The parent identifies appropriate community resources when needed.					
50. The parent contacts community resources when appropriate.					
51. The parent utilizes community resources as needed.					
52. The parent has found community resource services beneficial and/or has followed their recommendations.					
IIF TOTAL →					
IIF TOTAL ÷(5 - #DNK/NA ITEMS) = IIF AVERAGE →	○	○	○	○	
IIG. TRANSPORTATION					
53. The parent has available means of dependable transportation.					
[illegible] The driver is physically, mentally and legally qualified to operate the vehicle.					
55. The parent is aware of transportation resources (public or private).					
56. Parents have resources (money, telephone, etc.) to utilize available public transportation.					
57. The parent initiates efforts to arrange transportation.					
58. The parent utilizes transportation services for the benefit of the family.					
IIG TOTAL →					
IIG TOTAL ÷ (6 - #DNK/NA ITEMS) = IIG AVERAGE →	○	○	○	○	
TOTAL IIA THRU IIG AVERAGE SCORES →					
TOTAL II AVERAGE SCORES ÷ 7 = II AVERAGE→	△	△	△	△	

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 [illegible]ery little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

III. SKILL DEVELOPMENT/IMPLEMENTATION

IIIA. BEHAVIOR MANAGEMENT SKILLS

		Dates				COMMENTS
59.	The parent has general knowledge of behavior management techniques.					
60.	The parent uses behavior management techniques appropriately and consistently.					
61.	The parent uses discipline techniques appropriate to child's age and the situation.					
62.	The parent appropriately communicates approval/disapproval of behavior both verbally and non-verbally.					
63.	The parent redirects the child's attention to more appropriate activities to manage behavior.					
	IIIA TOTAL →	___	___	___	___	
	IIIA TOTAL ÷ (5 - #DNK/NA ITEMS) = IIIA AVERAGE →	○	○	○	○	

[illegible]B. CREATES AN ENVIRONMENT WHICH IS CONDUCIVE TO LEARNING

[illegible]	The parent structures the environment to allow for exploration (i.e. removes hazardous items from play area, play things are accessible to the child).					
65.	The parent talks to the child informally during the day.					
66.	The parent responds verbally to the child's verbalizations and vocalizations.					
67.	The parent provides a variety of language stimulation in the home (i.e. stories, songs, rhymes).					
68.	The parent adjusts language to the child's level of comprehension.					
69.	The parent names objects, activities and feelings for the child.					
70.	The parent occasionally permits the child to engage in "messy", "dirty" or "rough" play activities.					
71.	The parent uses routine activities for learning experiences (meal time, baths, shopping, etc.).					
72.	The parent uses common household items to develop play things.					
73.	The parent plans and implements learning activities appropriate to the developmental age and abilities of the child.					
74.	The parent breaks down an activity into manageable steps for the child.					

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

		Dates				COMMENTS
75.	The parent gets the child's attention before beginning an activity.					
76.	The parent maintains eye contact when talking with the child.					
77.	The parent uses appropriate materials when playing with the child (i.e. rattle, mobile, blocks, balls, etc.).					
78.	The parent allows the child to explore an object fully before asking him/her to do a specific activity with it.					
79.	The parent demonstrates the task for the child.					
80.	The parent allows child to engage in both task-oriented and pleasure-oriented play.					
81.	The parent changes an activity when child becomes bored or frustrated.					
	IIIB TOTAL →					
	IIIB TOTAL ÷ (18 - #DNK/NA ITEMS) = IIIB AVERAGE→	○	○	○	○	
	IIIA + IIIB AVERAGE SCORES →					
	TOTAL III AVERAGE SCORES ÷ 2 = III AVERAGE →	△	△	△	△	

IV. Emotional Factors

IVA. PARENT ADJUSTMENT

82.	The parent emphasizes the child's strengths and is patient with the child's limitations.					
83.	The parent speaks positively when discussing the child's abilities and limitations.					
84.	The parent appears comfortable and relaxed when relating to the child.					
85.	The parent carries on the family routines in the "usual" manner.					
86.	The parent allows the child to have a role in family activities (i.e., participate in family activities, assume responsibilities, etc).					
87.	The parent meets the needs of other family members.					
	IVA TOTAL →					
	IVA TOTAL ÷ (6 - #DNK/NA ITEMS) = IVA AVERAGE →	○	○	○	○	

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

	Dates				COMMENTS
IVB. MOTIVATION					
88. The parent has kept scheduled appointments with staff or others as arranged.					
89. The parent is willing to be flexible in his/her schedule to participate in activities such as appointments, skill development activities, etc.					
90. The parent sees the need for and agrees to seek assistance from community resources, as needed.					
91. The parent has followed recommendations from staff or other service agencies, physicians, etc.					
92. The parent appears interested in providing appropriate stimulation for the child (i.e., interaction, materials, carry out suggested activities, etc.).					
93. The parent independently initiates efforts to deal with needs as they arise (i.e., seeking community resources, discussing with family, etc.).					
IVB TOTAL ⟶	___	___	___	___	
IVB TOTAL ÷ (6 - #DNK/NA ITEMS) = IVB AVERAGE ⟶	○	○	○	○	
IVC. ATTITUDES					
94. The parent willingly provides information about the child and family (at intake, when discussing the IEP or IFP, etc.).					
95. The parent makes realistic statements about the child's abilities and limitations and sets goals accordingly.					
96. The parent views the child optimistically and focuses on his/her positive aspects.					
97. The parent is receptive to suggestions/recommendations concerning the child.					
98. The parent is willing for staff or other professionals to work with the child and/or family.					
99. The parent is willing for other members of the family to work with the child.					
100. The parent structures the home environment to encourage independence in the child (i.e., allowing for exploration, assigning responsibilities, etc.).					

RATING
2 - Most of time, consistently, adequately
1 - Some of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

	Dates				COMMENTS
101. The parent is able to respond to the child and others appropriately when confronted with a difficult situation (i.e., child acting out in public, questioning by strangers, financial or personal stress, etc.).					
102. Both parents agree that identified services are needed.					
103. The parent makes statements which indicate that family members show concern for, are respectful of and are accepting of other family members.					
IVC TOTAL →	___	___	___	___	
IVC TOTAL ÷ (10 - #DNK/NA ITEMS) = IVC AVERAGE →	○	○	○	○	
IVA + IVB + IVC AVERAGE SCORES →	___	___	___	___	
TOTAL IV AVERAGE SCORES ÷ 3 = IV AVERAGE →	△	△	△	△	

V. CIRCUMSTANCES

104. The family structure is stable (i.e., not transient, steady family composition, etc.).					
105. The child lives with both biological parents.					
106. The family has an income which is stable and is dependable month to month.					
107. The current family situation is free from crisis (i.e., death, divorce, loss of job, alcoholism, etc.).					
108. The adult family members discuss and share in decisions regarding financial matters.					
109. Family situation does not affect parent/child relationship (i.e., number of children in household, age range of children, family health, etc.).					
110. Mental ability and emotional stability of the parent enables them to benefit from services.					
V TOTAL →	___	___	___	___	
V TOTAL ÷ (7 - #DNK/NA ITEMS) = V AVERAGE →	△	△	△	△	

RATING
2 - Most of time, consistently, adequately
1 ome of time, sporadically, skill is emerging
0 - Very little, not at all, inappropriately, inadequately
NA- Not appropriate to this situation
DNK-Do not know, not observed

VI. RESISTANCES

	Dates				COMMENTS
111. The parent's religious beliefs do not forbid acceptance of services.					
112. The parent's cultural background does not influence acceptance of services (i.e, social class, racial background, etc.).					
113. Internal and/or external pressures (i.e., family structure, peer pressure, self-esteem) do not act as a deterrent for services.					
114. The parent's misconceptions or misunderstandings about services do not discourage their involvement.					
115. The parent's own limitations or disability do not inhibit acceptance of services.					
116. The parent's work schedule does not prohibit the delivery of services.					
117. Availability of transportation does not influence the acceptance of services.					
1 Pressure from a service agency does not inhibit parental cooperation in the delivery of services.					
119. Guidelines of agencies which provide needed services do not prohibit the delivery of services (i.e., income level, target population, area served, etc.).					
VI TOTAL →	___	___	___	___	
VI TOTAL ÷ (9 - #DNK/NA ITEMS) = VI AVERAGE →	△	△	△	△	

NOTES:

CHILD
FAMILY
COMMUNITY PROJECT
Brooks Colquitt Grady Pelham City Thomas Thomasville City

INDIVIDUAL FAMILY PLAN

CHILD'S NAME: ____________________ DATE: ____________________
PARENT(S) NAME: ____________________ REVIEW DATE: ____________________
ADDRESS: ____________________ PARTICIPANTS: ____________________
____________________ ____________________
SCHOOL/DISTRICT: ____________________ ____________________

OBJECTIVE	STAFF RESPONSIBILITY AND RESOURCES	PARENT'S RESPONSIBILITY	CRITERIA FOR ACHIEVEMENT	TARGET DATE	OUTCOME	
					CODE	COMMENTS

I was invited to participate in the writing of this plan. I agree to work towards achieving these objectives.

PARENT SIGNATURE ____________________ DATE ____________________

STAFF SIGNATURE ____________________ DATE ____________________

OUTCOME CODE
2 - Achieved
1 - Partially achieved
0 - Not achieved
NP - Not possible

THOMASVILLE CITY SCHOOLS
P. O. BOX 1999
THOMASVILLE, GEORGIA 31792

Enclosed please find a supplement to the Child-Family-Community Project Family Assessment Process Manual Evaluation Section.

EC150369

CHILD
FAMILY
COMMUNITY PROJECT

Serving families of preschool
children with special needs
(912) 226-9452

Brooks Colquitt Grady Pelham City Thomas Thomasville City

INFORMATION REGARDING CHILD-FAMILY-COMMUNITY PROJECT STAFF

The Child-Family-Community Project staff was composed of two professionals, three paraprofessionals and a secretary. Both professional and paraprofessional staff members completed assessment forms with parents during the field-testing of the Family Assessment Process. Staff responsibilities included:

professionals - completed intake and served as consultant to paraprofessionals

paraprofessionals - carried out intervention program with families and conducted re-evaluations.

Initially, paraprofessionals were trained by in-service and by accompanying a professional on several homevisits to observe the forms being completed.

Since the paraprofessionals were asked to perform many duties for which they had little prior training numerous in-service programs were arranged. Topics for these in-service programs included: behavior management, working with parents, identifying abuse/neglect cases, community resources and due process procedures.

FAMILY ASSESSMENT PROCESS: CHILD-FAMILY-COMMUNITY PROJECT

The child's social and physical environment is determined largely by the family. The Child-Family-Community Project has developed a program to help handicapped and at risk children by directing assistance to the child's family. Especially important for the child are the family's manner of interaction with the child, ability to provide for basic needs such as food, shelter and clothing and information and attitudes about the child's handicapping condition. Improvement in these aspects of the child's environment could have a lasting and significant influence on the child's development.

All measurement instruments are developed within a context of which the two major aspects are: (1) the objective or purpose the instrument is intended to serve and, (2) the theory or assumptions about the topic(s) included: Within this context the Family Assessment Process serves several functions:

(a) The process, and specific measurement instruments, provide a structure to use in the assessment of the family's needs, knowledge and behavior regarding the child.

(b) The process provides a systematic basis for planning assistance to, and services for, the family.

(c) The process provides a method to assess change in a particular family and to evaluate the effectiveness of the program's assistance or services. Such evaluation guides changes in program assistance, including termination of services if desired goals have been achieved.

(d) The structure provided by the Family Assessment Process also provides a basis for a general program evaluation, whether for reporting overall benefits or guiding program development.

INSTRUMENT DEVELOPMENT AND USE: THE FAMILY NEEDS INVENTORY AND THE RESOURCE UTILIZATION CHECKLIST

The Child-Family-Community Project did not have a formal instrument development component. However, the Family Assessment Process is a major product and is the result of extensive development and testing. Two of the distinctive and unique elements of the Family Assessment Process are the Family Needs Inventory and the Resource Utilization Checklist. The general (and common) approach in the construction of these instruments was (1) to identify the categories of information of interest, (2) select and define a set of behaviors or indicators for each of the information categories, and (3) structure the response choices and scoring system.

1. FAMILY NEEDS INVENTORY

The Family Needs Inventory is an adaptation of instruments developed by Gil Foley of the Family Centered Resource Project (Pennsylvania) and Judy Adams of the Project for Early Education of Exceptional Children (Kentucky). To these instruments the Child-Family-Community Project added or revised some of the items, developed a scoring system and wrote item descriptions. Sections one through four of the Family Needs Inventory borrow heavily from the predecessor instruments; sections five and six were developed by the Child-Family-Community Project.

RELIABILITY: After the Child-Family-Community Project staff had completed instrument development and had gained experience with the Family Needs Inventory an inter-rater reliability study was conducted. For a sample of nine families, each family was rated independently by two staff members. See page 82 for the average subtopic score and inter-rater reliability.

a.) Percent Agreement: An item on the Family Needs Inventory can receive one of five possible scores: 0, 1, 2, DNK (Do Not Know), and NA (Not Appropriate). Agreement was defined as both raters giving the same score, but excluded DNK's and NA's. The average percentage of agreement was very good, ranging from 56% to 91%.

Percent agreement as a measure of reliability, however, has a few problems, including interpretability. The percent agreement score is based on items whereas the Family Needs Inventory profile is based on subtopic scores and two raters could have identical subtopic scores but have zero percent item agreement. Inter-rater correlations avoid this problem. Precent agreement data is found on page 82.

b.) Correlations: The correlation of subtopic scores (possible range 0-2) of the two raters range from .50 to .98. Most of the correlations were high for behavioral ratings of this type with 12 of the 17 correlations greater than .75. The three lowest correlations (IA, IVA, and VI were below .60) were the result of restricted range in scores as well as disagreement between raters. (Note for example, that the percentage of agreement for two of these subtopics were 91 and 74).

In the process of reviewing the results of the reliability study the Child-Family-Community Project staff discovered some ambiguity and lack of consensus about the interpretation of some items. At his point the item descriptions were developed. Therefore, use of the Family Needs Inventory with the additional aid of item descriptions could result in higher reliability. The scores reported on page 82 may be interpreted as conservative estimates of the potential reliability of the Family Needs Inventory when the instrument is used according to directions and with the item descriptions.

RESULTS OF INTER-RATER RELIABILITY STUDY

FAMILY NEEDS INVENTORY

Scale	$\bar{X}$ Score	% Agreement	Correlation
IA	1.90	91	.50
IB	1.11	80	.98
IC	1.97	87	.92
IIA	1.38	78	.76
IIB	1.50	87	.94
IIC	1.45	75	.70
IID	1.28	78	.94
IIE	1.30	63	.85
IIF	1.44	69	.85
IIG	1.17	78	.92
IIIA	.87	62	.92
IIIB	1.05	72	.95
IVA	1.49	56	.58
IVB	1.52	69	.72
IVC	1.46	63	.84
V	1.44	83	.96
VI	1.69	74	.53

Test-Retest Reliability

Though not intended as a study of instrument reliability, the pre-test and post-test Family Needs Inventory scores (see section below) provide a conservative estimate of the test-retest reliability of the Family Needs Inventory. Test-retest reliability studies normally retest over intervals of a week to a month; long enough to reduce the rater's recall of the first testing but not so long that the subject would change substantially. Because the interval between pre-test and post-test on the Family Needs Inventory is about 10 months, families and family situations would be expected to change somewhat. Indeed, the object of project assistance is to produce change in certain areas. Therefore, differences between pre-test and post-test Family Needs Inventory scores cannot be attributed solely to unreliability.

Pre-Post Correlations
Family Needs Inventory

Subtopic	Correlation	Subtopic	Correlation
I	*	IIF	.67
IA	*	IIG	.74
IB	.77	III	.86
IC	*	IIIA	.84
II	.88	IIIB	.86
IIA	.87	IV	.79
IIB	.90	IVA	.87
IIC	.89	IVB	.68
IID	.72	IVC	.77
IIE	.80	V	.78
		VI	.85

*No post-test because subtopic items relevant only to initial assessment.

The pre-post Family Needs Inventory correlations, based on fifty-three cases, range from .67 to .90. However, we reiterate, the correlations presented should not be interpreted strictly as test-retest reliability estimates. But in the absence of a formal study these data indicate the stability of subtopic scores from one testing to another.

2. FAMILY NEEDS INVENTORY VALIDITY

Content validity is concerned with the extent to which a test samples the characteristics or behaviors relevant to the use of the test.

During the development of the Family Needs Inventory the instrument was reviewed by seventeen professionals in the fields of education, psychology, and social work. These reviewers were selected because of their experience in testing, evaluation and working with families. The uniformly favorable evaluation of the instrument is taken as support of the content validity of the Family Needs Inventory. To the extent possible, specific suggestions regarding content and form of the instrument were incorporated into the final version.

Construct validity refers to the extent to which a test measures "what it is supposed to measure" in the abstract or theoretical sense. The Family Needs Inventory, for example, is intended to assess a variety of "family needs" such as basic nutritional or medical needs, behavior management skills, motivation, adjustment, etc. Although the instrument relies on specific, objective items the intent is to evaluate the family on a more abstract construct. Because such constructs are theoretical they cannot be assessed directly and only indirect evidence is available to judge construct validity of a test.

One type of evidence frequently provided as evidence of construct validity is predicted patterns of change in test scores. The program evaluation of the Child-Family-Community Project provides this type of evidence for the Family Needs Inventory. Preliminary analysis of the change in Family Needs Inventory scores from pre-test to post-test indicates that some subtopic scores did not change while others did. More importantly, subtopics least amenable to program intervention were those that did not change, and subtopics most amenable to change were those that changed the most. This is illustrated in the table on page 85.

FAMILY NEEDS INVENTORY SUBTOPIC PRE-TEST AND POST-TEST SCORE CHANGE

No Significant Change

II. A	Nutrition
II. B	Shelter and Clothing
II. C	Financial Resources
IV. B	Motivation
V.	Circumstances

Significant Change

II. D	Attention to Medical Needs
II. E	Home Environment
IV. A	Parent Adjustment
IV.	Resistances

Significant and Most Consistent Change

I. B	Evaluating Child's Strengths and Weaknesses
II. F	Knowledge and Use of Community Resources
II. G	Transportation
III. A	Behavior Management Skills
III. B	Creative Environment
IV. C	Attitudes

NOTE: IA and IC items relevant to first assessment only, no post-test scores were obtained.

2. RESOURCE UTILIZATION CHECKLIST

No formal inter-rater reliability study was conducted on the Resource Utilization Checklist. Because the items are relatively objective (eg. Does the family need medical care?), we assume agreement would be high, if not perfect. However, even the relatively objective items and scoring of the Resource Utilization Checklist require judgement by the rater (eg. For this particular problem is medical care needed? Is the family using a service fully or partially?). For this reason staff using the Resource Utilization Checklist should be thoroughly familiar with the rating procedures as outlined in the Family Assessment Process Manual.

INTERPRETATION OF FAMILY NEEDS INVENTORY AND RESOURCE UTILIZATION CHECKLIST

One of the most common abuses of social testing is the incorrect interpretation and application of test results. The types of interpretations which can be valid for a test are determined by the characteristics of the scale underlying the tests' scores. In this section we describe briefly the nature of the Family Needs Inventory and Resource Utilization Checklist scales and the types of interpretations which are valid and invalid.

1. FAMILY NEEDS INVENTORY

Each item in the Family Needs Inventory is scored 0 (not occurring), 1 (occurring sometime), 2 (occurring consistently), or not scored (DNK, or NA). Subtopic scores are the average of the item scores in that section and, therefore, possible subtopic scores range from to 0 to 2.0. Thus for subtopic (and topic) scores the scale of scores ranges from 0 (interpreted as a dismal family situation for which extensive assistance would be indicated) continuously to 2.0 (interpreted as a generally good family situation for which little or no assistance would be indicated).

However, a subtopic score of zero is not a "true zero" in the sense of total absence of skill or resources. Nor does a score of 2.0 indicate a "true maximum" in the sense that the family is perfect with no room for improvement. Although subtopic (and topic) scores are indicators of need these scores are defined by the items of which they are composed.

Likewise, although a score of 1.0 is midway between 0 and 2.0, 1.0 may not represent an "average" score. This is , scores have not been standardized and norm-referenced interpretations of subtopic or topic scores are not available. Although score distributions for Child-Family-Community Project families are available, norm-referenced score interpretation is not relevant to the purpose of the Family Needs Inventory in the Child-Family-Community Project.

Experience with the Family Needs Inventory (or any other test) will allow the rater to "develop a feel" for what a subtopic score implies. Based on the experience of the Child-Family-Community Project general guidelines have been provided. However, applications of the Family Needs Inventory to a different population or under different conditions could result in different score distributions and interpretations.

CORRECT AND INCORRECT COMPARISONS:

a.) Test-retest Comparison: The comparison of subtopic and topic scores with earlier scores (by the same rater) can be made reliably and validly. This means that using the Family Needs Inventory as evidence of change in a family or families is an appropriate application. This, of course, is one of the most important uses of the Family Needs Inventory.

b.) Comparison of Different Subtopic Scores:: The cover sheet of the Family Needs Inventory allows the visual presentation of subtopic scores in a profile. Such a presentation invites comparison of the different subtopic scores. To the extent that subtopic scores indicate a level of "absolute" need (eg. 0 = high need, 2 = no need) then subtopic areas with lower scores indicate a greater degree of need for intervention. However, because subtopic scores have not been standardized a lower subtopic score may not represent greater need relative to other subtopic areas. (Another was to say this is that the same score, eg. 1.6, does not represent the same relative need in each subtopic). This means that intervention would not have to be directed at subtopic areas with the lowest scores and you may at times feel that subtopic areas with higher scores actually represent relatively greater need.

The function of the profile in the Child-Family-Community Project is to draw attention to areas of great need, but not to make precise judgements of relative need. In practice, however, you will find that extreme differences (eg. .4 vs 1.9) generally do imply differences in relative need.

A second important use of the profile is to illustrate change in subtopic scores over time.

c.) Comparison of Families: Although the technical characteristics of the subtopic scales would permit comparison of families on subtopics that is not the intent of the Family Needs Inventory as used in the Child-Family-Community Project. More important than the comparison of families one to another is the evaluation of individual families and the assessment of change over time.

INFLUENCE OF DNK'S (DO NOT KNOW) ON INTERPRETATION: The instructions allow DNK (Do Not Know) as a response to items if the rater does not have enough information to score that item. A worker is less likely to resort to DNK during the later administrations of the Family Needs Inventory (when more is known about the family) than during the initial assessment. However, this may result in subtopic score changes unrelated to true change in the family.

In the following example the first Family Needs Inventory assessment resulted in a score of 1.3 on Section I B. Of the five items in the section three were scored and two were marked DNK. On re-evaluation, however, the worker had more opportunity to observe the family and all five items were scored. Even though the family demonstrated improvement on the items scored both times, the subtopic score decreased because two additional items received low scores. Therefore, a decrease in the subtopic average scores could be an artifact and not indicative of true change. For this reason, the Family Needs Inventory should not be scored until all, or almost all, items can be rated.

EXAMPLE:

IB. PARENT IDENTIFIES CHILD'S STRENGTHS AND WEAKNESSES

	FIRST	RE-EVAL		
6. The parent makes realistic statements of child's abilities and limitations.	2	2		
7. The parent demonstrates an understanding of the child's handicapping condition and special needs or of the parent's own limitations and special needs.	DNK	0		
8. The parent encourages skills or tasks which capitalize on the child's strengths and facilitate his/her independence.	1	2		
9. The parent creates situations that enhance child's strengths and sets reasonable short term goals.	1	2		
10. The parent sets reasonable long term goals for the child anticipating future needs and planning accordingly.	DNK	0		
IB TOTAL →	4	6		
IB TOTAL ÷ (5 – #DNK/NA ITEMS) = IB AVERAGE →	1.3	1.2	○	○

The Family Assessment Process Manual suggests that a subtopic average should not be calculated unless 50% of the items are scored. In the example above more than 50% have been scored. Even though acceptable by this standard the example demonstrates that any DNKs may introduce artifacts when evaluating scores changes.

The "50% rule" is a compromise between the danger of distorted scores and the realities and constraints of collecting information for the Family Needs Inventory.

2. RESOURCE UTILIZATION CHECKLIST

In the Resource Utilization Checklist the scoring system converts the degree of service utilization into a percentage which can range from zero (none of the needed services available are used) to 100% (all are used fully).

All services are given equal importance (i.e. are weighted equally). However, particular services may be much more important than other services for a family. Therefore, even if a family received a relatively high Resource Utilization Checklist percent score the few services not used could be exceedingly important to the child and efforts of the Child-Family-Community staff might focus on assisting the family to utilize these resources.

Resource Utilization Checklist scores have not been standardized and norms are not available. The distribution of scores obtained by Child-Family-Community Project families is presented later in this section. With experience, a worker will "develop a feel" for what different Resource Utilization Checklist scores imply. Child-Family-Community staff have presented general guidelines based on their experience with Child-Family-Community Project families.

PROGRAM EVALUATION

Was the Child-Family-Community Project successful? Did the program accomplish its goals? As part of the project a formal evaluation was conducted to answer these questions. The results of the program evaluation are presented here, organized by general questions about the project. Methodological notes and additional data are presented at the end of the evaluation section.

Population Served

Demographic Characteristics: The project, located in a rural area, was intended to serve rural, economically disadvantaged populations. Was this accomplished?

During the last two years of the project 162 children in 138 families were served by the Child-Family-Community Project. A demographic profile of these cases is presented on page 78.

Most of the families were poor (72% receiving public assistance) and 58% were Black. Intact families (father and mother present), extended families (such as a grandparent present in the household) and single parent families were about equally represented. A majority (63%) of the children referred were boys and most (53%) referrals were staffed as developmentally delayed.

Demographic profiles for three groups; (1) referred but not served, (2) enrolled but withdrawn, (3) enrolled and tested, are presented in Figure 4 found at the end of this evaluation section. All three groups were similar.

Family and Child Characteristics

1. Family Needs Inventory: One of the premises of the project was that families have many needs which function as "barriers" to the provision of service and special care to children.

Did project families, in fact, have any needs and, if so, what were those needs?

Pre-test and post-test family and child assessment information was obtained from 53 children (46 different families). Average pre-test scores follow.

Family Needs Inventory

	Topic/Subtopic Area	Average Score
I	Information for Referral	1.49
IA	Participation-Evaluation	1.80
IB	Strengths and Weaknesses	.97
IC	Participation	1.69
II	Basic Needs	1.41
IIA	Nutrition	1.53
IIB	Shelter and Clothing	1.64
IIC	Financial Resources	1.36
IID	Medical Needs	1.37
IIE	Home Environment	1.22
IIF	Community Resources	1.43
IIG	Transportation	1.31

	Topic/Subtopic Area	Average Score
III	Skill Development/Implementation	.82
IIIA	Behavior Management	.65
IIIB	Creative Environment	.98
IV	Emotional Factors	1.49
IVA	Parent Adjustment	1.45
IVB	Motivation	1.49
IVC	Attitudes	1.44
V	Circumstances	1.43
VI	Resistances	1.79

The lowest Family Needs Inventory score was in the Skill Development topic. The subtopic with the lowest average score was Behavior Management Skills. (See caution about comparing subtopic scores on page 87).

These results confirm the assumption that families of handicapped and at risk children have multiple needs. That lowest scores were obtained in the behavior management and information areas also suggests that the parents' information of, and behavior toward, the child are among the greatest needs of that child.

2. Resource Utilization Checklist: Because of the target population, many families would be expected to need general economic and social services and special medical and educational services for their children. Further, a basic premise of the Child-Family-Community Project was that families are not using available services and that some needed services are unavailable.

Did families need community resources, and if they did, were those resources available and utilized?

Resource Utilization Checklist: Average Pre-test Scores

Services Needed	17.4
Services Available	16.7
Services Used	11.8
Percent Utilization	71.1

Most families needed many resources in meeting their needs. Although most were available, only 71% of available resources were used. These results confirm the hypothesis that for many families needed resources are not used or are not used fully.

These results, however, do not support the generalization that needed services are not available in the community. Considering the broad range of services in the Resource Utilization Checklist most needed were available (96%). Of course, there may be cases where specific services are not available and, in many cases, available services may not be easily accessible or convenient (e.g. regional health services).

Child Developmental Assessment

Child-Family-Community Project children (and families) were selected because the child was handicapped, developmentally delayed, or at risk.

To what extent were children developmentally delayed?

The average age equivalent score on the two developmental assessments are presented below. For each scale the average delay (average score minus average chronological age) is presented.

Denver Developmental Screening Test
(N=45, average age at pre-test = 30.7 months)

Scale	Average Score (Months)*	Average Delay (Months)
Personal Social	21.2	9.5
Fine Motor	18.5	12.2
Language	18.6	12.1
Gross Motor	21.9	8.8

Alpern-Boll Developmental Profile
(N=49, average age at pre-test = 32.9)

Physical	27.8	4.3
Self-help	33.3	+1.2 (no delay)
Social	31.8	.3
Academic	24.8	7.3
Communication	25.5	6.6

The average child assessment scores demonstrate the extent to which referred children were developmentally delayed. The Denver scores show greater delay than the Alpern-Boll scores. One reason may be that the Alpern-Boll is a parent report instrument whereas the Denver relies on direct observation of the child's behavior.

Average developmental scores for children enrolled under each of the enrollment criteria are presented in Figure 6. The developmental delay group had greater average delay than the at risk group (which demonstrates little or no delay). The small (N=4) high risk group was considerably younger than the other two groups and also demonstrated some delay.

*Scoring system described in Figure 5.

Levels of Service

As implied by the name of the project, services were directed to the child, family, and community. For each case, services were provided at three levels of intensity. (See Figure 7 for description of levels).

For children, families, and the community how many cases were served at each of the three levels?

At enrollment the number of cases in each level of service were?

	Child	Family	Community
Level 1	37	2	30
Level 2	2	31	21
Level 3	14	20	2

Most children received level 1 services (tracking only). There was a smaller group (N=16) for whom needed educational/developmental services were not available and Child-Family-Community Project staff provided these services directly.

As was the intent of the project, families were the target for the most intense services.

In most cases community services consisted of tracking (level 1) of services provided by other agencies. However, for 23 cases the Child-Family-Community Project provided more intensive assistance to obtain needed services for the family.

What difference was there in intensity between levels of service?

As project services were initiated, Child-Family-Community Project staff kept detailed records of the number, length and target of contacts made regarding each case. Analysis of these data for a sample of 19 cases follows.

Average number and hours of contact of service (per month)

	Child		Family		Community	
	Contacts	Hours	Contacts	Hours	Contacts	Hours
Intake	.73	1.09	2.54	1.90	1.90	.47
Level 1	.27	.33	.16	.09	.77	.23
Level 2	.69	.94	2.60	1.50	1.30	.40
Level 3	2.63	2.46	3.20	1.87	-	-

Total service to a case would be the sum of services to child, family, and community. Some typical service configurations and the average amount of service for each are described below. (The three numbers represent the level of service to child, family, and community. For example, a service plan which had child services at level 1, family services at level 3, and community services at level 2 would be indicated as 132.)

Service Configuration	Contacts/month	Hours/month
111	1.20	.65
121	2.64	2.06
221	4.06	2.67
232	5.19	3.21
332	7.13	4.73

These data indicate the absolute and relative increase in amount of service for each level. From the lowest level configuration (111) to the highest (332) contacts increased six times and hours increased seven times.

This is presented graphically in Figure 9.

Program Impact

The objective of the Child-Family-Community Project was to assist families in meeting basic needs, increase the use of available services and, from these benefits indirectly, increase the development of children.

Did the project achieve these objectives?

1. Family Needs Inventory: The following table presents the average Family Needs Inventory pre-test and post-test scores, the gain from pre-test to post-test and the number of cases which demonstrated positive gain scores. The t values for which p = .05 and the number of positive cases for which the binomial p = .05 are indicated by an asterisk. (Refer to Figure 10 for notes on these analyses).

Topic/Subtopic		$\bar{X}$ Pre	$\bar{X}$ Post	$\bar{X}$ Gain	N+
I	Informationa Ref.	1.48	1.75	-	-
IA	Participation (Eval)	1.80	1.90	-	-
IB	Strengths/Weakness	.97	1.40	.43*	43
IC	Participation (Info)	1.68	1.72	-	-
II	Basic Needs	1.41	1.52	.11*	35*
IIA	Nutrition	1.53	1.54	.01	10
IIB	Shelter & Clothing	1.64	1.66	.02	7
IIC	Financial	1.36	1.38	.02	18
IID	Medical Needs	1.37	1.54	.17*	30
IIE	Home Environment	1.22	1.30	.08*	28
IIF	Community Resources	1.43	1.71	.28*	32*
IIG	Transportation	1.31	1.52	.21*	35*
III	Skill Development	.82	1.16	.34*	46*
IIIA	Behavior Management	.65	1.01	.36*	43*
IIIB	Creative Environment	.98	1.28	.30*	43*
IV	Emotional Factors	1.49	1.59	.10*	29
IVA	Parent Adjustment	1.46	1.55	.09*	25
IVB	Motivation	1.49	1.54	.05	21
IVC	Attitudes	1.44	1.61	.17*	36*
V	Circumstances	1.43	1.44	.01	18
VI	Resistances	1.79	1.83	.04*	20

Of the 18 topic and subtopic areas analyzed 13 demonstrated statistically significant increases. As evaluated by the Family Needs Inventory then, the Child-Family-Community Project achieved one of the intended outcomes - reduction in the family needs.

Four of the five subtopic areas which demonstrated no significant change are those which would not be susceptible to change by program intervention. IIA (Nutrition), IIB (Shelter and Clothing) IIC (Financial Resources), and V (Circumstances) represent "structural" socioeconomic and circumstantial needs which a program such as the Child-Family-Community Project would not be able to affect. Subtopic IVB (Motivation) contains items related to the parents' independent initiation of, and active participation in, services for the child. The absence of significant change in this area suggests that the behavior of the parent as coordinator and initiator of services for the child may be difficult to change.

However, significant change was observed in several areas. Subtopics demonstrating the most consistent increase (significant t and binomial probability) were IIIA (Behavior Management), IIIB (Creative Environment), IIF (Use of Community Resources), IIG (Transportation), IB (Understanding the child's strengths and Weaknesses), and IVC (Attitudes). These areas dealing with the parents' knowledge of, and behavior toward the child, were frequently the focus of Child-Family-Community Project efforts.

Subtopic areas demonstrating significant (t) but less consistent change (binomial probability not significant) were IIB (Attention to Medical Needs), IIE (Home Environment), IVA (Parent Adjustment), and VI (Resistances).

2. Resource Utilization: An important objective of the Child-Family-Community Project was to increase a family's use of available resources and services.

Did Child-Family-Community Project families increase their utilization of community resources?

A summary of the Resource Utilization Checklist scores and change from pre-test to post-test follows.

Average Resource Utilization Checklist Scores

	#Needed	#Available	#Used	%Utilization
Pre-test	17.3	16.7	11.8	71
Post-test	20.7	18.7	16.6	88

The increase of percent utilization from 71 to 88 is statistically significant ($t = 7.06$, $p \leq .05$, number of cases increasing: 45 of 53, binomial $p \leq .05$).

The Child-Family-Community Project was successful in increasing resource utilization as measured by the Resource Utilization Checklist. This finding is consistent with the significant change in Family Needs Inventory subtopic IIF, Use of Community Resources.

CHILD DEVELOPMENT

Although Child-Family-Community Project services were directed primarily to the family, the objective is to improve the physical and behavioral environment of the child and, thereby, to facilitate the child's development.

Did the developmental scores of the Child-Family-Community Project children improve as a result of services?

The following table presents the average pre-test score on the Denver Developmental Screening Test and the Alpern-Boll Developmental Profile, the average developmental rate prior to program participation, the average developmental rate during the program and the difference of the two average developmental rates. A positive rate difference indicates faster growth during the program than before, presumably as a result of program services. (Further discussion and comment on this analysis is presented in Figure 11).

Scale	$\bar{X}$ Pre	$\bar{X}$ Rate[3]	Gain	Prog Rate[4]	Diff[5]
Denver Developmental[1]					
Personal Social	21.18	.69	6.78	.66	-.03
Fine Motor	18.5	.60	8.9	.86	+.26
Language	18.6	.61	6.5	.63	+.02
Gross Motor	21.87	.71	7.09	.69	-.02
Alpern-Boll[2]					
Physical	27.84	.85	8.3	.79	-.06
Self Help	33.3	1.01	8.08	.76	-.25
Social	31.8	.97	5.8	.55	-.42
Academic	24.8	.75	7.96	.75	0
Communication	25.5	.78	9.14	.86	+.08

[1] Denver: average age = 30.7 months, average time in program 10.33 months

[2] Alpern-Boll: average age = 32.87 months, average time in program = 10.57 months

[3] $\bar{X}$ Rate (Pre-test Rate) = average pre-test score/average age

[4] Program Rate = average gain/average time in program

[5] Diff = Program Rate - Pre-test Rate

The developmental growth of Child-Family-Community Project children, as calculated above, demonstrated no consistent increase or decrease during program participation. Perhaps this is understandable in view of these factors: (1) the average length of service between pre-test and post-test was only ten months, hardly enough time to affect change in basic developmental characteristics, (2) the instruments used to evaluate progress are designed to be very general and were not tailored to the specific problems addressed by the Child-Family-Community Project. (See Figure 11 for additional discussion).

The data suggest that the Child-Family-Community Project did not substantially affect the rate of development for Child-Family-Community Project children, at least during the brief treatment period, and as measured by general developmental scales.

The same pattern of negative results was obtained for 14 children receiving direct (level 3) service from the Child-Family-Community Project staff. (Data presented in Figure 12).

ADDITIONAL DATA IN ANALYSES FROM THE PROGRAM EVALUATION CAN BE OBTAINED FROM THE CHILD-FAMILY-COMMUNITY PROJECT'S FINAL REPORT BY CONTACTING THE THOMASVILLE CITY SCHOOLS.

FIGURE 4

Demographic Profile of Child-Family-Community Cases by Group

Characteristic	Enrolled	Withdrawn	Not Enrolled
Number in Group	53	47	62
Average Age (Months)	28.4	29.8	32.4
Sex (N)			
Male	34	30	38
Female	19	17	24
Race (N)			
White	13	18	24
Black	39	24	28
Other	1	1	0
Unknown	0	4	10
Family Structure (N)			
Single Parent	10	16	18
Intact	18	14	21
Extended	23	11	13
Other	0	2	3
Unknown	2	4	7

FIGURE 5

Scoring System for the Denver Developmental Screening Test

The Denver Developmental Screening Test evaluates a child's behavior in four areas: Personal-Social, Fine Motor-Adaptive, Language, Gross Motor. The record sheet presents behavioral test items arrayed in developmental sequence within these four areas, but does not provide age equivalent scores. Because the program evaluation required single, numerical scores the following scoring procedure was used.

The Denver manual provides normative data obtained from the standardization sample for each item in the test. Using the 50th percentile age corresponding to each time an estimated age equivalent score was calculated as follows for each section of the test.

$$\frac{\text{age of last consecutive pass + age of last pass}}{2}$$

Because the instrument was not intended to produce age equivalent scores the results of this procedure should not be interpreted literally. In the Child-Family-Community Project enrollment or services were not contingent on these scores.

FIGURE 6

Average Age and Developmental Scores for each Enrollment Group

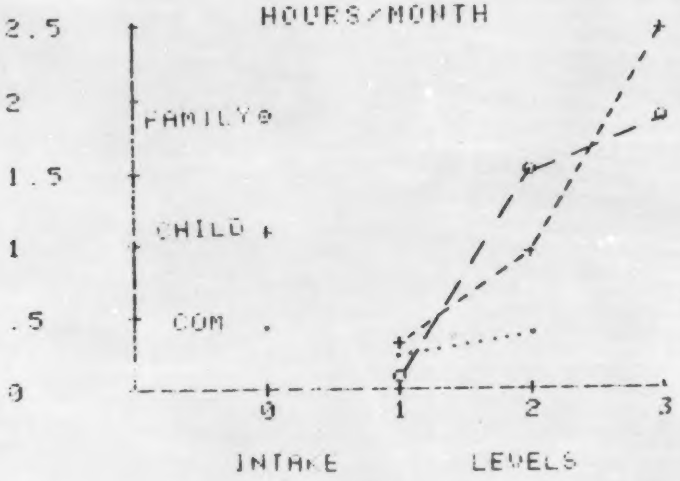
Measure	Dev. Delay	At Risk	High Risk
Denver	(N=20)	(N=4)	(N=21)
Personal-Social	23.0	9.9	21.7
Fine Motor	20.0	8.6	19.1
Language	19.9	8.0	19.5
Gross Motor	23.5	8.5	22.9
Chronological Age	39.0	10.8	26.7
Alpern-Boll	(N=26)	(N=4)	(N=19)
Physical	31.9	12.0	25.7
Self Help	37.5	14.5	31.6
Social	36.5	15.0	29.0
Academic	27.6	9.8	24.3
Communication	28.4	9.0	25.1
Chronological Age	41.5	11.5	25.6

	CHILD	FAMILY	COMMUNITY
Level 0 (terminated)	- No services needed - Inappropriate referral - Services refused - Referral to appropriate agency	- No services needed - Referral to appropriate agency - Services refused	- Services available and being utilized by the family or agencies involved with the family or child
Level 1	- Tracking of child's progress at 6 month intervals	- No consistent follow-up necessary - Program serves as a liaison with other agencies - Provide information to family - Monitor progress at 6 month intervals	- Services available to family or agencies involved with the family but not adequately being utilized
Level 2	- Periodic contact with child in home or agency setting - Individual Educational Plan (IEP) developed	- Periodic contact with family - Individual Family Plan (IFP) developed	- Available services inadequate - Family may or may not be utilizing the existing service
Level 3	- On-going, regular contact with child in home or agency setting - IEP developed	- On-going, regular contact with family - IFP developed	- No service available

DESCRIPTION OF SERVICE LEVELS

FIGURE 7

FIGURE 8


HOURS/MONTH
2.5
2
1.5
1
.5
0
FAMILY o
CHILD +
COM .
0
1
2
3
INTAKE LEVELS

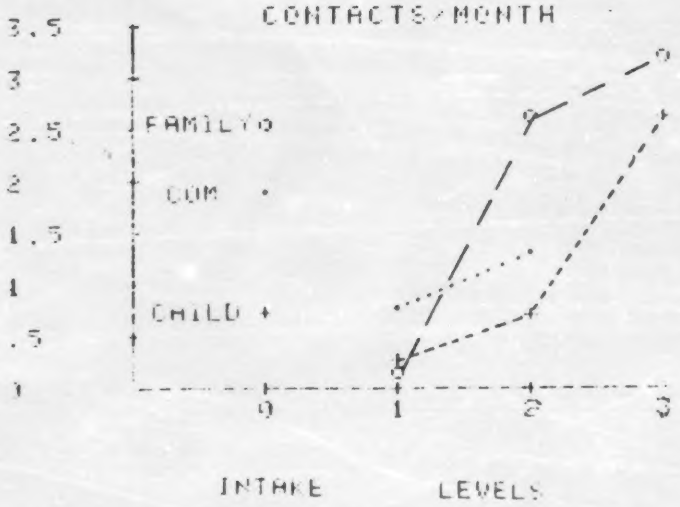

CONTACTS/MONTH
3.5
3
2.5
2
1.5
1
.5
0
FAMILY o
COM .
CHILD +
0
1
2
3
INTAKE LEVELS

FIGURE 9

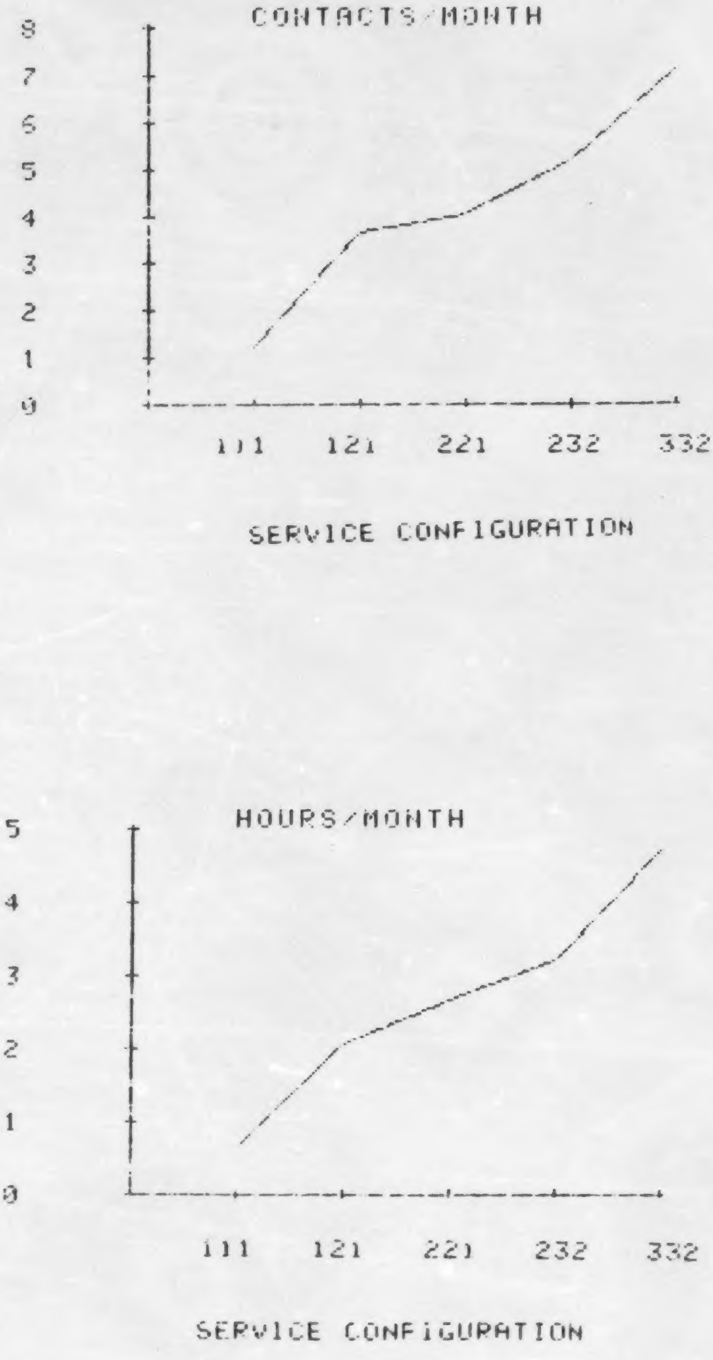

CONTACTS/MONTH
8
7
6
5
4
3
2
1
0
111
121
221
232
332
SERVICE CONFIGURATION
HOURS/MONTH
5
4
3
2
1
0
111
121
221
232
332
SERVICE CONFIGURATION

FIGURE 10

Notes on the Analyses of Family Needs Inventory Score Gains

"t test" on Gain Scores

For each case the difference between post-test and pre-test Family Needs Inventory scores was calculated. Using the difference scores, a single-sample t test was conducted on the hypothesis of no difference, i.e., the mean of the difference scores is zero. (Refer to Blalock, H.M., Social Statistics, 2nd ed., 1972, p. 233). With 1 and 52 degrees of freedom and a one-tail (positive difference) probability of .05, t=1.67. Topic and subtopic average gain scores which are positive and for which t = 1.67 are indicated with an asterisk (the no difference hypothesis is rejected).

Binomial Probability of Gain

If the Child-Family-Community Project had no effect on the Family Needs Inventory scores then changes from pre-test to post-test would be random and increases would be as likely as decreases. (This also assumes no other variable, e.g. time, systematically influencing gain scores). Therefore, the hypothesis of no program effect can be evaluated by calculating the cumulative binomial probability of the number of observed increases (Refer to Mendenhall, W., Introduction to Probability and Statistics, 4th ed., 1975, Chapter 6). For 53 observations and p=q= .5, the cumulative binomial probability of 32 or more increases is = .05. The N+ column in the Family Needs Inventory gain table reports the number of cases for which the post-test score was higher than the pre-test score. An asterisk indicates that the probability of the number of observed increases is = .05 (and the no effect hypothesis is rejected).

FIGURE 11

Notes on the Analyses of Developmental Gains

Because children develop over time pre-test-post-test developmental score changes would be expected. The task of a program evaluation design is to isolate changes due to program intervention from changes due to expected growth. The best (most valid) design is one which has multiple treatment groups (including no treatment) with subjects assigned randomly. However, for practical, political and ethical reasons this is frequently not possible. Random assignment to multiple treatment groups was not possible in the Child-Family-Community Project because of the limited number of families expected and because the primary objective was service and product development.

When only one treatment group is available a method frequently used to evaluate the program's effect on development is to compare the developmental rate before and during program services. A developmental test which yields age equivalent scores is given at the beginning and end of program service. The preprogram developmental rate is calculated by dividing the pre-test developmental age (age equivalent score) by the chronological age at pre-test. Subtracting the pre-test from post-test developmental scores yields an estimate of the amount of gain during the program and the rate of gain during the program is calculated by dividing the amount of gain by the time in the program. An average increase in the developmental rate during the program is taken as evidence of program effectiveness. Statistically rate change is tested against the null hypothesis with a t test on the difference between the program rate and pre-program rate.

Although frequently used this analysis of change in "developmental rate" is a poor evaluation method for several reasons, including:

1. The method requires an assumption of uniform rate of development at all ages, which is not true even for "normal" children.

2. For most social or educational programs the selection criteria are probably correlated with the developmental scores and, therefore, regression artifacts are likely. (This means gains may appear for statistical reasons unrelated to program effectiveness).

3. Difference scores, e.g. the numerator in program rate, are very unreliable and this problem is magnified when the length of program service, the denominator in program rate, is short.

4. Most developmental assessments have not been designed to provide developmental rates as calculated above.

Admitting these faults, this analysis of developmental rate change was conducted for children in the Child-Family-Community Project using the Denver and Alpern-Boll scores. No statistically significant rate increases were found.

FIGURE 12

Developmental Gains for Level 3 Children (N=14)

Scale	X Pre	X̄ Rate[3]	Gain	Prog Rate[4]	Diff[5]
Denver Developmental[1]					
Personal Social	20.91	.62	6.45	.60	- .03
Fine Motor	18.18	.55	7.86	.72	+ .17
Language	18.0	.55	4.77	.44	- .11
Gross Motor	21.14	.64	8.0	.74	+ .10
Alpern-Boll[2]					
Physical	29.86	.83	7.43	.66	- .17
Self Help	36.0	1.0	8.0	.71	- .29
Social	35.0	.98	4.29	.38	- .60
Academic	24.93	.70	9.29	.83	+ .13
Communication	25.86	.72	9.29	.83	+ .11

[1] Denver: average age = 33.0 months, average time in program 10.82 months

[2] Alpern-Boll: average age = 35.86 months, average time in program = 11.21 months

[3] X Rate (Pre-test Rate) = average pre-test score / average age

[4] Program Rate = average gain / average time in program

[5] Diff = Program Rate - Pre-test Rate